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WORCESTERSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

(Forty-Fifth)

on the

SCHOOL HEALTH SERVICE

FOR THE YEAR 1953

by

J. W. PICKUP, M.D., D.P.H.

County and Principal School Medical Officer.

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EDUCATION CHILDREN'S CARE SUB-COMMITTEE

LIST OF MEMBERS

Appointed members

Mr. J. F. GOODE	—	Chairman
Mr. G. F. CHANCE	—	
Mr. E. J. COWARD	—	
Mr. H. W. CHESHIRE	—	
Dr. F. E. DAWES	—	
Mr. H. ECCLES	—	
Mr. E. GITTUS	—	
Lady C. M. LECHMERE	—	
Mr. H. J. PARAMORE	—	
Mrs. H. C. M. PORTER	—	
Mr. E. A. ROBINSON	—	
Mr. M. ROSS	—	
Miss E. E. TALBOT	—	
Mr. C. TERRY	—	
Mrs. C. WILSON	—	
The Ven. Archdeacon T. B. WILSON	—	

Ex-officio members

SIR CHAD WOODWARD	—	Chairman of the County Council
Mr. R. R. ADAM	—	Vice-Chairman of the County Council
Mr. R. ALDINGTON	—	Chairman of the School Management Sub-Committee
Sir HUGH CHANCE	—	Chairman of the Further Education Sub-Committee
Mr. H. N. FROST	—	Chairman of the Education Committee
Major M. F. S. JEWELL	—	Chairman of the Sites and Buildings Sub-Committee
	„ „	Finance and General Purposes Sub-Committee
Miss E. M. NEWTH	—	Chairman of the County Library Sub- Committee
Mr. J. H. WALKER	—	Chairman of the Agricultural Educa- tion Sub-Committee
Mrs. J. E. TALBOT	—	Chairman of the School Meals Sub- Committee

*Annual Report (Forty-fifth) on the School
Health Service
for the year ended 31st December, 1953.*

Mr. Chairman, Ladies and Gentlemen,

The health of the school children of Worcestershire has been satisfactory during the past year under review.

It has not been possible to maintain at the high level of last year the number of medical inspections owing mainly to staff shortages, although children in the important entrants and leavers age groups have been examined.

Progress has been made regionally and nationally for the provision of residential accommodation for handicapped pupils. It is interesting to note that the estimated numbers of places required is now assessed much lower than originally, following detailed surveys in different areas of the country.

The outstanding need is still for residential homes for educationally sub-normal girls and children suffering from multiple defects, one of which is that of educational sub-normality.

I think greater stress will have to be paid to propaganda for diphtheria immunisation and the booster dose which all school children should receive. The very success of the diphtheria immunisation campaign has resulted in either apathy or a sense of false security in parents. If there is a falling off in the high percentage of the school population who have been immunised the serious implications of a possible out-break must be appreciated. It is the duty of parents to see that their children are immunised and that they also obtain their booster dose at 4—5 years and 9—10 years of age.

Infant mortality from diphtheria should not occur and whilst the main responsibility for protection lies with the parents, we as a public health and school medical service must accept responsibility for our lack of persuasion if parents fail to have their children immunised.

There has been a welcome increase in the number of dental surgeons on the staff and reference to the report of the Principal School Dental Officer will show the progress which has been made in an endeavour to catch up on the heartbreaking leeway which has manifested itself owing to the lack of dental officers in the School Dental Service during past years.

Early in the year, acting on medical advice, Mr. Charles Terry relinquished the Chairmanship of the Education Children's Care Sub-Committee, although fortunately he is continuing to serve as a member of the Sub-Committee. Mr. Terry became a member of the County Council in 1914 and was elected on the Education Committee in the same year. He was elected in 1923 on the Education Health Sub-Committee (which later became the Education Children's Care Sub-Committee) and has served as its Chairman since 1927.

On behalf of the staff of the Health Department I should like to record my grateful thanks to Mr. Terry for his advice and assistance in the work of the School Health Service for so many years.

To his successor, Mr. J. F. Goode, O.B.E., I extend a sincere welcome in the knowledge that this work is dear to his heart and has been one of his main interests for many years.

I am grateful to Dr. Galloway, my deputy, who has prepared the detailed information in this report and has undertaken the general supervision of the School Health Service. It is a pleasure to record my sincere appreciation and grateful thanks to the professional and clerical staff of the department and to the Director of Education, his staff and head teachers for their valuable help.

I continue to be indebted to the Chairman and members of the Committee for their constant support.

Your obedient Servant,

J. W. PICKUP

County and Principal School Medical Officer.

County Buildings,
Worcester.

7th May, 1954.

STAFF

County Medical Officer of Health and Principal School Medical Officer

J. W. Pickup, M.D., D.P.H.

Deputy County Medical Officer of Health and Principal School Medical Officer

T. McLaren Galloway, M.B., Ch.B., M.R.C.P., D.P.H., Dr.P.H.

Senior Administrative Medical Officer, Maternity and Child Welfare Service

Beatrice M. Thompson, M.D., L.R.C.P., M.R.C.S., M.B., B.S., D.P.H.

Divisional Area Medical Officers

Kidderminster

C. Starkie, B.Sc., M.D., M.B., Ch.B., D.P.H., M.R.C.S., L.R.C.P.

Oldbury

H. Tabbush, M.B., Ch.B., D.P.H.

Chest Physicians

R. B. Mayfield, B.A., M.D., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

E. N. Moyes, M.D., Ch.B., M.R.C.P.

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

R. A. Kershaw, M.B., Ch.B., M.R.C.P., M.R.C.S.

Assistant County and School Medical Officers

Jeanne C. Addenbrooke, M.B., Ch.B.

Eileen Bulmer, M.B., Ch.B.

Gwen S. Clark, M.B., Ch.B., D.R.C.O.G., D.P.H.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., B.Ch., B.A.O., D.P.H.

A. M. Nelson, M.B., Ch.B., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

Vera Pugh, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.

E. T. Shennan, M.B., Ch.B., D.P.H.

Margaret O. Will, M.B., Ch.B., M.M.S.A., D.P.H.

Nancy M. Cosslett, M.B., Ch.B., D.P.H. (part-time).

Oculists (Part-time)

I. Lloyd Johnstone, M.C., M.D., D.O., (Oxon.).

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.).

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.).

G. F. G. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.

Medical Director—Worcestershire Child Guidance Clinics

J. J. Graham, M.B., Ch.B., D.P.M.

Psychiatric Social Workers

I. Malcomson, B.A. (Econ.).
Lilian F. W. Barnes.

Consultant Psychiatrist (Part-time)

May Pearce, M.B., Ch.B., D.P.M.

Principal School Dental Officer

B. D. Britten, L.D.S.

Deputy Principal School Dental Officer

F. H. Pugh, L.D.S.

Divisional Dental Officers

B. N. Watkins, D.D.O., L.D.S.
J. L. Price, L.D.S.

Assistant Dental Officers

E. V. Stone-Wigg, L.D.S.
Miss D. M. Badham, L.D.S.
Miss L. S. C. Wilson, B.D.S.
Mrs. A. M. Facer, L.D.S. (part-time)
Mrs. B. J. Whitehead, L.D.S. (part-time)
Miss I. D. Ball, L.D.S.
P. Walsh, B.D.S.

Oral Hygienist

Vacant

Administrative Assistant

G. P. Cooper

Superintendent Health Visitor

A. Kean, S.R.N., S.C.M., H.V. Cert.

Deputy Superintendent Health Visitor

Miss E. Lloyd, S.R.N., S.C.M., H.V.

Superintendent, District Nurses and District Nurse Midwives

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Deputy Superintendent, District Nurses and District Nurse Midwives

Miss E. Morain, S.R.N., S.C.M., Q.N., H.V.

Health Visitors and School Nurses

Miss E. Abbott, S.R.N., S.C.M., H.V.Cert.
Miss M. H. Allen, S.R.N., S.C.M., H.V.Cert.
Miss B. J. Elliott, S.R.N., S.R.F.N., S.C.M., H.V.Cert.
Miss E. A. Baird, S.R.N.
Miss L. M. Cartwright, S.R.N., C.M.B., H.V.
Miss E. M. Clarke, R.S.C.N., S.C.M.
Miss L. M. Coward, S.R.N., S.C.M., H.V.Cert.
Miss G. M. Dawson, S.R.N., S.C.M.

Health Visitors and School Nurses (contd).

Miss D. H. Edwards, S.R.N., S.C.M., H.V.Cert.
 Mrs. L. K. Flood, S.R.N., S.C.M.
 Miss E. M. L. Freestone, S.R.N., S.C.M., H.V.Cert.
 Miss M. Hill, S.R.N., S.C.M., H.V.Cert.
 Miss M. Hopkins, S.R.N., S.C.M., H.V.Cert.
 Miss J. Hudson, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. Jones, S.R.N., S.C.M., H.V.Cert.
 Mrs. S. M. Askew, S.R.N., S.C.M., H.V.Cert.
 Miss C. M. Gray, S.R.N., S.C.M., H.V.Cert.
 Mrs. F. D. Meiring, S.R.N., S.C.M., H.V.Cert.
 Mrs. M. Pope, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. A. Styles, S.R.N., S.C.M., H.V.Cert.
 Miss B. M. Lamb, S.R.N., S.C.M., H.V.Cert.
 Miss A. Lawson, S.R.N., S.C.M., H.V.Cert.
 Miss M. Lowndes, S.R.N., S.C.M., H.V.Cert.
 Miss M. M. McCarthy, S.R.N., S.C.M., H.V.Cert.
 Mrs. M. McLeod, S.R.N., S.C.M., H.V.Cert.
 Miss M. J. O'Grady, S.R.N., S.C.M., H.V.Cert.
 Miss M. I. Robson, S.R.N., S.C.M., H.V.Cert.
 Miss M. I. Salt, S.R.N., S.C.M., H.V.Cert.
 Miss H. Stansfield, S.R.N., S.C.M., H.V.Cert.
 Miss M. J. Thomas, S.R.N., S.R.F.N., S.C.M., H.V.Cert.
 Miss W. A. M. Tilt, S.R.N., S.C.M., H.V.
 Mrs. W. C. Wall, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Webster, S.R.N., S.C.M., H.V.Cert.
 Miss S. P. Wilcox, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

Dental Attendants

Miss D. R. Bristow.
 Miss A. Clissold.
 Miss A. J. Dellow.
 Miss V. A. Evans.
 Miss L. M. Fox.
 Mrs. G. Shepherd.
 Miss A. Smith.
 Miss M. Y. Amos.
 Mrs. F. E. Quick.
 Miss B. Snelling.
 Miss P. Hinfield.

Orthopaedic After Care Staff

Miss O. M. Woods.
 Mrs. K. J. Johnson.

Speech Therapists

Miss D. M. Edwards, L.C.S.T.
 Miss R. M. Bourke, L.C.S.T.
 Miss D. S. Oliver, L.C.S.T.

SUMMARY OF STAFF

	Number	Aggregate staff in terms of the equivalent number of whole time officers.
(a) <i>Medical Officers :</i>		
(i) whole-time School Health Service	—	—
(ii) whole-time School Health and Local Health Services	16	6.6
(iii) general practitioners work- ing part-time in the School Health Service ..	1	.5
(b) Dental Officers	11	8.0
(c) Physiotherapists, Speech Thera- pists, etc. :		
Remedial Gymnasts ..	2	1
Speech Therapists	3	3
(d) (i) School Nurses	33	15.4
(ii) District Nurses	44	2.0
(e) Nursing Assistants	2	2
(f) Dental Attendants	11	8.0

STATISTICS 1953

Area of Administrative County (acres)	437,521
Population Mid-1952 (Registrar-General's Estimate) ..	404,600
Value of 1d rate	£8,255
School Population	58,829

County of Worcester (less Borough of Oldbury)

	<i>Schools/Dept.</i>	<i>Boys</i>	<i>Girls</i>	
Nursery	1	18	21	
Primary	261	18936	17746	
Secondary Modern	20	4218	4151	
Secondary Grammar	10	2475	2190	
Secondary Technical	4	460	174	
	<hr/> 296	<hr/> 26107	<hr/> 24282	50,389

Borough of Oldbury

Nursery	—	—	—	
Primary	20	2979	2861	
Secondary Modern	5	974	913	
Secondary Grammar	1	268	271	
Secondary Technical	1	91	83	
	<hr/> 27	<hr/> 4312	<hr/> 4128	8,440

The school population has risen from 57,375 in 1952 to 58,829 in 1953 but the annual increase is smaller than in recent years.

SCHOOL CLINICS

- (a) Number of School Clinics provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools 23
One mobile dental unit in whole-time service.

- (b) Type of examination and/or treatment provided at the School Clinics :—

Examination and/or treatment				Number of School Clinics (<i>i.e. premises</i> where such treatment is provided) :—	
				directly by the Authority.	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)				(2)	(3)
(A)	Minor ailment and other non-specialist examination or treatment			18	—
(B)	Dental			13	—
(C)	Ophthalmic			14	—
(D)	Ear, Nose and Throat			—	—
(E)	Orthopaedic			—	2
(F)	Paediatric			—	—
(G)	Speech Therapy			11	—
(H)	Others :—				
	Orthoptic			—	1
	U.V.L.			3	—
	Investigation			1	—

The extra sessions at the Redditch school clinic which had been arranged following representations by the Redditch Head Teachers' Association were discontinued as the numbers of children attending were small.

List of School Clinics :—

Name	Address	Held on	Medical Officer	Remarks
Blackheath	Long Lane Chapel Blackheath.	Monday at 10 a.m.	Dr. M. M. Meikle	
Blackheath	Dental Clinic, Long Lane, Blackheath.	Wednesday 9.30—4.30	—	Dental clinic only
Bromsgrove	Recreation Road, Bromsgrove	Wednesday at 9.30 a.m.	Dr. V. Pugh	
Catshill	Baptist Chapel, Catshill	Friday at 2 p.m. Nurses session Friday 9.30—10.30 a.m.	Dr. V. Pugh	This clinic is held in conjunction with the Infant Welfare Centre.
Cradley	Colley Lane, Cradley, Staffs.	Fridays at 10 a.m.	Dr. M. M. Meikle	
Droitwich	Baptist School Rooms	Tuesdays at 2 p.m.	Dr. M. C. Fell	This clinic is held in conjunction with the Infant Welfare Centre.

Name	Address	Held on	Medical Officer	Remarks
Evesham	The Clinic, Avonside Hospital Evesham.	Every Friday at 10 a.m.	Dr. J. J. Murray	
Walsowen	Tenter Street School.	Fridays at 10 a.m.	Dr. E. M. Bulmer	
Lye	Orchard Lane School, Lye, Stourbridge.	Every Friday at 11.30 a.m. Nurses session Mondays, Wednesdays, Fridays at 10 a.m.	Dr. A. M. Nelson	
Newtown	Sydenham Villa, Newtown Road, Malvern.	Every Friday morning at 9 a.m. Mon. and Wed. mornings at 9 a.m. Nurses session only.	Dr. H. F. Green	
Worthington	Women's Institute Hall	Thursdays at 9.30 a.m.	—	Speech therapy only
Redditch	The Old Vicarage, Redditch.	Every Thursday 11.30 a.m. Nurses session Thursdays at 10 a.m.	Dr. E. Patterson	
Redditch	Dental Clinic, "Old Crest," South Street, Redditch.	Daily 9.30— 4.30		Dental clinic only
Stourbridge	St. Chad's Church Room	1st and 3rd Thursdays at 9.30 a.m.	Dr. G. S. Clark	
Stourbridge	Back of No. 11 Hagley Road, Stourbridge.	Every Friday at 9.30 a.m. Nurses session Mondays at 10 a.m.	Dr. A. M. Nelson	
Upton-on-Severn.	Memorial Hall, Old Street, Upton-on-Severn.	Occasional	—	Ophthalmic
Worcester	Forecourt, Shirehall.	Occasional Wednesdays 9.30 a.m.	— —	Ophthalmic Speech Therapy. (Dental clinic not at present in use).

Kidderminster Area

Kidderminster	Coventry Street, Kidderminster	Thursdays at 10 a.m. Nurses session daily at 9 a.m.	Dr. C. Starkie	
Stourport	Mitton Street, Stourport	2nd and 4th Fridays at 9 a.m. Nurses session, Mon., Wed. and Fri. 9—10 a.m.	Dr. R. W. Markham	
Wribbenhall	Parish Room	Thursdays 9— 10 a.m. Nurses session only.		

Oldbury Area

Tabernacle	Tabernacle Street	Monday—Friday at 9 a.m.	Dr. M. O. Will	
The Hollies	Joinings Bank, Langley	Monday—Friday at 9 a.m.	Dr. H. Tabbush	
Warley	Bleak House Road	Monday—Friday at 9 a.m.	Dr. M. O. Will	

CHILD GUIDANCE CENTRES

- (a) Number of Child Guidance Centres 4
 (b) Staff of Centres :—

	Number	Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists † 	1	1
Educational Psychologists 	—	—
Psychiatric Social Workers 	2	1

† The services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

The educational psychologist married and left the service ; a successor has not yet been appointed so that the child guidance team is, therefore, incomplete and less effective than it could be.

Improved facilities are being made available at the Coventry Street Clinic, Kidderminster, and should be ready for use early in 1954.

The numbers of cases referred by head teachers, general practitioners, juvenile courts, etc., were :—

Worcester 	98
Bromsgrove 	44
Oldbury 	34
Kidderminster 	35

CO-ORDINATION

No changes in the administration of the service have taken place during 1953.

In my opinion there is a growing awareness of the value of the School Health Service among family doctors and consultants.

Particularly is this so in regard to children having long illnesses, or disabilities likely to interfere with their education and future prospects. Hospital discharge reports are now received more regularly but there is often considerable delay between the patient's discharge from hospital and the receipt of the discharge report. This does not give patients the best chance of benefiting from the after care services provided by this Authority.

The " Health Services Handbook " recently published by the County Council should do something to increase professional and public knowledge of the services available.

Working relationships between the School Health section of the Health Department and the staff of the Director of Education have continued to be close and friendly.

The attitude of Head Teachers towards the work of the School Health Service is all important and their continued interest and enthusiasm is greatly appreciated. Those head teachers (who are many) who have made such successful efforts to cater for the special needs of handicapped children, deserve all praise.

SCHOOL HYGIENE

During the year 1953 one secondary school with 450 places and three primary schools with 760 places, were opened.

Lighting was improved at 18 schools and sanitation at 12.

About 40 acres of playing fields were added, and playgrounds were resurfaced at 22 schools.

MEDICAL INSPECTION

Medical inspection of school children in the following age groups has continued :—

Entrants—All entrants attending a maintained school for the first time, who are inspected as soon as possible after admission.

Intermediates—All children of 10—11 years age group at primary schools.

Leavers—All children of 14 years age group and, at grammar schools, 15 years age group.

There has been some criticism, particularly in recent years, of the amount of time and money devoted to this aspect of the service but criticism of this kind invariably emanates from those who have little knowledge of the purposes of school medical inspections which were detailed in the report for 1951.

If the ultimate aim of the National Health Service is to produce greater mental and physical health in the nation, then the practice of medical inspection must continue.

Properly conducted, a school medical inspection is by its very nature an excellent example of preventive medicine, and might be regarded as one of the most successful methods of maintaining positive health as against the negative attitude of curing disease and illness which has already occurred.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1953.

Table I.

Medical Inspection of Pupils attending maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	6,598
Second Age Group	5,302
Third Age Group	4,583

Total	16,483
---------------	--------

Number of other Periodic Inspections	3,031
--	-------

Grand Total	19,514
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B.—OTHER INSPECTIONS

Number of Special Inspections	9,373
Number of Re-inspections	7,223
Total					16,596

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II (3)	Total, individual pupils (4)
Entrants	64	896	909
Second Age Group ..	276	577	810
Third Age Group ..	261	405	631
Total (prescribed groups) ..	601	1,878	2,350
Other Periodic Inspections	169	289	434
Grand Total	770	2,167	2,784

Table II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment. (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment. (5)
4	Skin	211	101	142	42
5	Eyes—a. Vision ..	770	505	292	84
	b. Squint ..	175	122	40	20
	c. Other ..	58	25	35	17
6	Ears—a. Hearing ..	70	150	45	82
	b. Otitis Media	69	85	32	21
	c. Other ..	26	29	13	14
7	Nose or Throat ..	487	990	290	427
8	Speech	48	112	70	29
9	Cervical Glands ..	39	235	22	102
10	Heart and Circulation	14	130	14	76
11	Lungs	77	251	52	129
12	Developmental—				
	a. Hernia	19	38	2	7
	b. Other	49	109	11	24
13	Orthopaedic—				
	a. Posture	82	74	29	20
	b. Flat foot ..	141	121	60	33
	c. Other	383	280	115	74
14	Nervous system—				
	a. Epilepsy	15	13	8	21
	b. Other	30	61	43	24
15	Psychological—				
	a. Development ..	30	147	62	78
	b. Stability	13	47	16	20
16	Other	224	337	294	466

Fewer children were inspected in 1953 compared with 1952 when a record number of children were inspected.

This is unsatisfactory in view of the fact that the school population was greater in 1953, and the numbers inspected should have shown some corresponding increase.

With the existing staff and an unusual incidence of sickness among them the numbers of inspections could not be held at the 1952 level. Some difficulty arises from the growing number of activities in schools which limit the number of days when it is convenient to hold medical inspections, although head teachers are always co-operative and helpful.

Many schools are now so fully occupied that rooms can no longer be released even temporarily for the holding of medical inspections and increasing use has had to be made of halls, clubrooms, etc., in the vicinity of schools.

The patience and fortitude of teachers, doctors, nurses and pupils under circumstances which are often very difficult is greatly appreciated.

GENERAL CONDITION

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6598	3367	51.0	3114	47.3	117	1.7
Second Age Group	5302	2359	44.5	2833	53.4	110	2.1
Third Age Group ..	4583	2245	49.0	2289	49.9	49	1.1
Other Periodic Inspections ..	3031	1506	49.7	1487	49.1	38	1.2
Totals ..	19514	9477	48.6	9723	49.8	314	1.6

Although there are more children than ever before in Group A, it is somewhat disturbing to record that over half the number of children inspected are considered to be below this standard.

There is a tendency, which appears to be consistent over the years, for a significant number of children to deteriorate in general condition between the first and second inspections but happily most of this number regain the better grading by the time of the final inspection.

The small number of children in poor general condition are made the subjects of further individual investigations and special arrangements, *e.g.* open air schooling advised when thought necessary.

HEALTH EDUCATION IN SCHOOLS

No real development of this important part of the service has been possible this year.

The health tutor has been so heavily committed in nursery nurse training that she has had very little time to promote health education in schools.

The medical officers have given lectures to schools, parent-teacher groups, and associations of teachers, but the bulk of the health education in schools is given by the school staffs and nurses.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	267	34
Errors of refraction (including squint) ..	2522	529
	<hr/>	<hr/>
Total ..	2789	563
	<hr/>	<hr/>
Number of pupils for whom spectacles were		
(a) Prescribed	1899	230
(b) Obtained	1885	188

Children with defective vision are entitled to treatment either by the School Ophthalmic Service or by the Supplementary Ophthalmic Service of the National Health Service.

Thanks to the co-operation of the officers of the Local Executive Council, fairly successful attempts have been made to prevent abuse of this choice of service by which some succeed in obtaining treatment from both services.

CLEANLINESS

(i) Total number of examinations in the schools by the school nurses or other authorised persons	147,620
(ii) Total number of <i>individual</i> pupils found to be infested	5,775
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	60
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	18

Fewer inspections have been possible this year, but they have been sufficient to reveal the disquieting fact that a higher number of children at school than could be considered as reasonably acceptable were verminous at the time of inspection.

The School Dental Service exists to give treatment to children and childhood is acknowledged by all to be the most important time of life to receive dental care.

The coming into force of the Education (Miscellaneous Provisions) Act 1953 makes the shortage of dental officers in the school dental service even more acute. The Act has laid fairly and squarely on local authorities the duty to secure "comprehensive facilities for free dental treatment provided either—

- (a) by persons employed or engaged by, and at the expense of, the authority, either regularly (whether whole-time or part-time) or for the purposes of particular cases ; or
- (b) under arrangements made by a regional hospital board or the board of governors of a teaching hospital within the meaning of the National Health Service Act, 1946 ; "

This means that no local authority may refer school children to private practitioners to receive treatment under the National Health Service Act arrangements.

As mentioned before, a new dental clinic was opened in Redditch early in the year, and towards the end of the year the revolutionary step of purchasing a mobile dental clinic (a trailer caravan) was taken. It consists of a waiting-room, surgery and recovery-room (which also serves as a dark room for X-ray development) ; the surgery is completely fitted out in the most up-to-date manner. This has been placed in the Malvern area where it will remain during the winter months. Later on, when weather conditions permit freedom of movement, it will be towed out to the rural schools in the West and South-west of the County.

There are still areas of the County which are without a dental officer and consequently the number of children inspected during the year still falls short of the total number in the schools, though it is the second largest figure ever to have been attained. The number of fillings done is a huge increase and is the highest number ever done in a year. More extractions have been done than in the previous year, but the proportional increase has not been so great, in spite of the fact that work has been started in some areas which have been neglected for some time and where there is bound to be a considerable amount of clearing up to do. Though recruitment to the Service slowed down in the second half of the year it is earnestly hoped that the time is not far distant when all children in the County will be inspected and offered treatment at least annually by the School Dental Service.

B. D. BRITTEN,

Principal School Dental Officer.

February 1954.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—					
(a) Periodic age groups	..	..	..	..	36,431
(b) Specials	..	..	..	..	1,651
Total (1)					38,082
(2) Number found to require treatment	..	..	..	..	25,332
(3) Number referred for treatment	..	..	..	..	21,290
(4) Number actually treated	..	..	..	..	14,585
(5) Attendances made by pupils for treatment	..	..	..	..	24,080
(6) Half-days devoted to : Inspection	..	..	..	..	258
Treatment	..	..	..	..	3,883
Total (6)					4,141
(7) Fillings : Permanent Teeth	..	..	..	..	18,489
Temporary Teeth	..	..	..	..	630
Total (7)					19,119
(8) Number of teeth filled : Permanent Teeth	..	..	..	..	16,094
Temporary Teeth	..	..	..	..	626
Total (8)					16,720
(9) Extractions : Permanent Teeth	..	..	..	..	3,772
Temporary Teeth	..	..	..	..	19,998
Total (9)					23,770
(10) Administration of general anaesthetics for extraction	..	..	..	..	4,463
(11) Other operations : Permanent Teeth	2,567
Temporary Teeth	489
Total (11)					3,056

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HEART DISEASE AND RHEUMATISM

Twenty children suffering from rheumatic heart disease were ascertained during the year—fourteen boys and six girls.

This is a considerable rise compared with the figures for recent years.

It is generally believed that acute rheumatism and rheumatic heart disease are manifestations of streptococcal infection, and there is additional evidence that there has been a growing incidence of mild streptococcal infections during recent years.

The following figures are sufficiently striking to demonstrate this point.

Cases—	Rheumatic Heart Disease	Impetigo	Scarlet Fever (notified)
1953	20	194	541
1952	5	159	439
1951	none	95	255

It is a well-known epidemiological fact that infectious diseases wax and wane in importance, often in a recognisable time cycle.

It is possible that streptococcal infections, which suffered a gradual but recognisable eclipse some 30—40 years ago, may be coming to the fore once again.

It seems unlikely, however, that in the presence of modern antibiotics scarlet fever will ever become the killing disease that it once was.

The following table shows the average yearly numbers of cases and deaths due to scarlet fever in two five years periods.

		Cases	Deaths
1945—1950 .. ..	..	527	0
1905—1910 .. ..	..	1583	37

TUBERCULOSIS

Dr. R. B. Mayfield, Chest Physician to the Birmingham Regional Hospital Board and Tuberculosis Officer to the Local Health Authority has contributed the following summary :—

Tuberculosis in School Children, 1953.

Table I.

Notifications of tuberculosis in children of school age.

				Respiratory	Non- Respiratory	All Forms
1953 .. .. .	..	..	..	13	5	18
Average for previous 5 years	..			16.5	16.2	32.7

The five cases of non-respiratory tuberculosis were made up of three boys with tuberculous glands of neck and two girls with abdominal tuberculosis.

For reasons stated in previous reports, too much reliance should not be placed on notification figures. Certainly, it is hard to believe that only five cases of non-respiratory tuberculosis occurred in this age group in the course of a whole year. Unofficial collateral evidence suggests that many cases of this type of the disease are not notified, and this applies particularly perhaps to tuberculous glands of neck. Though the omission of notification in no way implies that the patients lack efficient treatment, it may result in a less intensive search for the source of infection than would otherwise have been made. Though it is hoped that milk infection will become a rarity in the course of the next few years, it must be remembered that a high proportion of non-respiratory cases arise from human sources, which might be discovered by routine contact examinations such as are initiated by the act of notification.

Three school children are known to have died from tuberculosis during the year, one respiratory and two non-respiratory, all girls. The two non-respiratory cases both died from meningitis. These figures are provisional, and await confirmation by the Registrar General, whose statistics are not yet available.

Table II.

New cases examined at the Chest Clinics.

			Respiratory	Non-Respiratory	Total
Tuberculous	..	..	15	6	21
Observation cases	..	..			68
Not tuberculous	..	..			75
					<hr/>
					Gross total 164
					<hr/>

The numbers of cases in Tables I and II do not necessarily agree because, on the one hand, all notified cases are not always seen at the Chest Clinics, and, on the other hand, cases are not necessarily notified in the same year as their first visit to the Clinic.

Table II does not include some 250 school children examined as contacts of cases of tuberculosis.

Such contact examinations include a tuberculin test (usually a jelly patch) as a routine procedure, and the results at four of the clinics in the County are summarised in Table III, during the five years 1949 to 1953.

Table III.

Tuberculin reactions of School Children examined as
Contacts of Cases of Tuberculosis, 1949—53.

Clinic	Positive	Negative	% Negative	Total
Bromsgrove	83	46	36%	129
Kidderminster	145	71	33%	216
Oldbury ..	77	99	56%	176
Redditch ..	64	33	34%	97
Totals ..	369	249	40%	618

It will be noted that the proportion of these children who have been infected is a good deal lower in Oldbury than in the other three clinic areas, whose percentages of negative reactors are in close agreement. It should be mentioned that these differences were uniformly apparent in the five years separately. A higher rate of rural areas as compared with towns has been observed in similar surveys in other parts of the country, and is generally attributed to the greater risk undergone by countryfolk of imbibing milk containing tubercle bacilli. The milk supplies of most towns has been relatively safe for many years. It may be that herein lies the explanation of the relatively low infectivity rate in the Borough of Oldbury compared with the other three areas which are all partly rural. It is however interesting to note that the percentage of negative reactors amongst such of these children as are actually resident in Kidderminster Borough is 35%. It is, thus, in accord with the rates in the more rural areas, whereas it might have been expected to be more in line with the Oldbury rate. Further investigations are being pursued.

It must, of course, be understood that Table III records tests on children who are in contact with cases of tuberculosis, and who are, therefore, under more than average risk of being infected. Consequently, the rates shown cannot be accepted as indications of the degrees of infection in the communities generally.

Preventive Inoculation.

B.C.G. inoculation is offered to all child contacts, who have not already been infected as determined by the tuberculin reaction. The acceptance rate is in the neighbourhood of 80%.

The proposed extension of B.C.G. inoculation to school children between the ages of 13 and 14 years is welcomed, and it is hoped that further extensions of this promising protective measure will not be long delayed. It is hard to see why it should not be available to the entire uninfected population. As far as children are concerned, it would seem reasonable to offer inoculation at birth, school entry, and shortly before leaving school. Admittedly the child probably undergoes the greatest risk when he or she leaves school, but the risk still exists in lesser degree before this milestone is reached, as the three deaths in 1953 recorded above clearly show.

SCHOOL CHILDREN AND ROAD ACCIDENTS

			Fatal	Serious	Slight	Total
1953	..	..	.. 1	88	190	279
1952	..	..	.. 5	110	211	326
1951	..	..	.. 7	83	173	263

The provision of school crossing patrols may have contributed to the improvement noticed this year compared with 1952.

There is a continuing need for the teaching of accident prevention to child cyclists and pedestrians, and for care on the part of all road users.

COMMUNICABLE DISEASE

Diphtheria

There were five cases of diphtheria in children of school age.

None of the children affected had been immunised. Parents should not take the risk of exposing their children to a very serious disease against which the child can be protected so easily and at no cost to the parent.

WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL

The following report has been given by the Director of Education :—

“ During 1953, several important changes in the organisation of the West Malvern Open Air School took place. On the resignation of the headmistress of the girls’ department early in the year, Miss D. Stazicker, who has been headmistress of the boys’ department since 1947, was appointed to take charge of the whole school. This has led to improved co-ordination of school work and activities and it can be said that the school functions more efficiently as a single educational unit.

In May, Her Majesty’s Inspectors and one of the medical officers of the Ministry of Education visited the school and commented favourably on recent improvements to the premises. After the inspection they asked the Education Committee to consider certain suggestions for further improvement and re-arrangement of the accommodation. Some of these suggestions have been approved by the managers and by the Education Committee and have already been put into effect, though this has meant a temporary reduction from 120 to 80 children admitted each term.

During the Autumn term, there were 40 boys and girls aged 5 to 8, and 40 boys aged 9 to 15, in residence ; 60 boys and 60 girls were admitted for each of the two preceding terms. As usual, most of the children were drawn from the county area though a few places were found for boys and girls from Worcester City and Dudley.

In spite of the various changes, school work has continued normally. Besides receiving sound teaching in the basic subjects, the children engage in various forms of craftwork and practical studies. Nature study occupies an important place in the curriculum and, when weather permits, the children spend most afternoons on the Malvern Hills or in the adjoining fields and woods. The usual visiting days have been held each term and parents have had an opportunity of seeing for themselves what this school, with its long record of successful work, has to offer to their children.

The school's health record has been satisfactory and uneventful. Individual records show some remarkable improvements in the children's health.

Throughout the year, the managers (chairman, Miss E. M. Newth) have given their careful attention to matters affecting the welfare of the school. The managers have collaborated closely with the Children's Care Sub-Committee who are responsible to the Education Committee for providing facilities for special educational treatment such as that given at West Malvern."

PHYSICAL EDUCATION

The Director of Education has supplied the following report prepared by his advisory officers, Miss M. E. Hodgkinson and Mr. R. A. Young :—

“ Teachers' Courses

The policy of holding courses in local areas has been continued. During the year courses in physical training were held in Pershore, Oldbury and the Worcester area ; in swimming at Redditch and Worcester ; and in dance in Halesowen. Courses for specialist teachers from the whole of Worcestershire covered athletics, cricket and football.

Swimming

The baths available for use by school children have been used to capacity. Nevertheless the facilities do not allow, in many cases, for children from junior schools to receive instruction. The Bromsgrove and Halesowen areas are particularly unfortunate in not having any local swimming baths.

Schools' Camp

The site for the camp this year was on Midsummer Hill at the southern end of the Malverns. In the six-week period, fifteen schools were able to send groups of children. Rural studies and the art of camping formed the basis of their instruction.

Playgrounds and Playing Fields

The cost of resurfacing playgrounds has limited the amount that can be done in this respect. It is of vital importance, particularly in schools with no indoor accommodation for physical activity, that a reasonable area of good hard surface should be provided.

It is interesting to note that 73% of the schools in the county have access to grass playing areas. This percentage shows a considerable increase over previous years, and it is the policy of the Committee to continue its efforts to raise this figure. The direct labour scheme of the Committee for the preparation and maintenance of playing fields has largely contributed to this improvement. The total acreage being maintained by direct labour is increasing by about 30 acres annually."

MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

The following information has been supplied by the Director of Education :—

" A day in October, 1953

Meals

<i>Dinners</i>			
Free	..	..	2,148
On payment	..	..	26,070
<i>Breakfasts</i>	..	..	399
<i>Teas</i>	..	..	399
Number of Departments having meals			325
Number of Departments not having meals			2

Milk

Number of children who receive $\frac{1}{3}$ pint	..	..	44,659
Number of children who receive $\frac{2}{3}$ pint	..	..	31

All schools in County receive a supply of milk.

Number of pupils in Primary and Secondary Schools	..	54,641
Number of pupils in Nursery schools	.. ..	31

(These figures are actual attendance figures for a day in October, 1953, but do not represent the full possible attendance roll).

All the above figures include the Excepted District of Oldbury."

FOOD POISONING

The school meals service is by far the largest catering organisation in the county and provides nearly 30,000 meals every school day.

It is not surprising that trouble should develop occasionally in an undertaking of this scale. The fact that so little trouble arises is of great credit to all those involved.

One significant outbreak of food poisoning occurred during the year and some 200 children and 40 adults were affected.

None of those affected was seriously ill and only a few were absent from school for a day or two.

The outbreak was attributed to a bacterial contaminant (*Clostridium Welchii*) of meat which had multiplied to a disease-producing concentration in the making of gravy.

Work is continually being done to make certain of the safety of school meals and it is very unlikely that outbreaks of food poisoning will occur if instructions are followed.

There was one sharp outbreak of illness at a rural school when the school well was contaminated during a spell of unusually wet weather.

HANDICAPPED PUPILS

The work of ascertaining, and arranging for appropriate education of, handicapped children has continued during the year.

The difficulty of finding suitable school places for children suffering from multiple defects is as great as ever although some children are now receiving tuition at home.

Children with a single handicap can be "placed" without much difficulty but long waiting lists are still the rule.

58 handicapped pupils were found places in special boarding schools during the year and there were 200 Worcestershire children in special boarding schools at the end of the year—more than ever before.

This number would be nearly doubled were it not for the refusal of parents to allow their children to go to boarding schools.

Action was taken in one case to compel the attendance of a child at a boarding school in spite of the parents' refusal. The child was the intelligent son of gypsy parents and he was deaf and dumb. He is now at an appropriate school and is doing well both in studies and in the development of speech.

A county such as Worcestershire, with a scattered school population is at a great disadvantage, compared with a city, in the provision of special education for handicapped children since day schools can only serve limited areas of the county.

Day special schools could never solve the problem in Worcestershire and boarding schools will have to be relied on for the majority of cases, as in the past.

Handicapped children are educated in ordinary schools whenever possible and school staffs have been most helpful in this respect.

The following table shows the present position of the seriously handicapped children of the county.

INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 6 OF THE EDUCATION (Miscellaneous Provisions) ACT, 1953, IN RESPECT OF HANDICAPPED PUPILS DURING 1953.

Full Name and Address of School (1)	Whether for Boys, Girls or both (2)	Number of pupils whose fees are being paid in whole or part by the L.E.A. (3)	Category of handicap of each pupil in col. 3 (4)	Age range of pupils in col. 3 (5)	Annual rate of payment by L.E.A. per pupil (6)
<i>Note : Special Schools and</i>	Boarding	Homes should	<i>NOT</i> be inclu	ded.	
Wennington School, Weatherby, Yorks. . .	Both	1	Maladjusted	15	£243
Ledston Hall, Allerton Bywater nr. Leeds . .	Both	1	Maladjusted	12	£310
Mulberry Bush School, Standlake, Oxford . .	Boys	1	Maladjusted	10	£338
The Vineyard School, Myton Crescent, Warwick . .	Boys	4	E.S.N.	10—15	£220 10s
Westhope Manor, Shrewsbury, Salop	Boys	1	Maladjusted	12	£360
Seaford Court School, Malvern	Boys	1	Physically Handicapped	13	£60
Puckle Hill House School, Shorne, nr. Gravesend	Both	1	do.	16	£375
Wynstones, nr. Gloucester	Both	1	Partially sighted	14	£204
St. Mary's Wrestwood, Bexhill-on-Sea	Both	1	Physically Handicapped	9	£240
Hollins Hall, Hampsthwaite, Harrogate . .		1	do.	15	£260
Sacred Heart College, Droitwich Spa . .	Boys	1	Maladjusted	13	£135

RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

The following report has been given by the Director of Education :—

“ Last year's report referred to the opening and first stages in the development of this residential special school for educationally sub-normal boys. Now, after running for its first complete year with a full complement of 64 boys (59 from the county area, 5 from Worcester City), the school can be said to be firmly established and its true educational function widely known.

Rhydd Court already plays an essential part in the county educational system by providing special teaching for those boys who are mentally handicapped to such an extent that they need to be taught in small groups by special methods which cannot normally be used in other schools. With all the advantages of living together in a happy community under the care of a skilled teaching, nursing and domestic staff, these boys have every opportunity of developing their capabilities to the limit.

During the past year, much patient work has been done with boys whose progress is necessarily slow. The practical approach to school work has proved successful in helping the boys to master the basic skills of reading, writing and arithmetic. Woodwork, metalwork and other crafts, gardening and the care of domestic animals have helped in different ways to evoke interest, develop manual dexterity and discover hidden aptitudes. Special attention has been given to the boys' physical well being and their proficiency at outdoor and indoor games has been demonstrated in friendly matches with neighbouring schools. The boys' prowess at athletics was clearly shown at a successful sports day, held in glorious weather on 4th July and attended by several hundred spectators.

Most important of all has been the continued improvement shown by some boys whose manners, habits and behaviour left much to be desired when they were admitted to the school. Boarding school life offers countless opportunities for social training and the principal aim at Rhydd Court, as at other schools, must be to turn out good citizens who understand their responsibilities towards the community. To achieve this, the co-operation of parents is essential and this past year has shown that, in most cases, this is readily forthcoming. Through open days and private interviews, the headmaster and his staff have fostered close contact with parents and have earned their confidence in a way which cannot fail to work towards the boys' best interests.

In all this the headmaster has been strongly supported by his governors under the chairmanship of Lady Lechmere. During the past formative year the governors have devoted much time and thought to the boys' welfare and they have greatly assisted the Education Committee in establishing a school which is developing on sound lines and already making a notable contribution to education within the county."

CONVALESCENCE

There has been a very small increase in the number of children who received convalescence (62 compared with 60 in 1952). This increase was accounted for by the reorganisation at the Malvern Open Air School as a result of which girls over 8 years of age are no longer admitted there.

A short period of recuperative convalescence had to be arranged for some girls of this age group instead of a stay at Malvern.

The arrangements are at present under review.

The undermentioned Homes which were known to be satisfactory, accommodated the children :—

The Ormerod Home, St. Annes-on-Sea	..	34
Hillaway Homes, Devon	.. ..	17
The Home for Invalid Children, Hove	..	2
Burt Memorial Home, Bognor Regis	..	2
Seabright Home, St. Annes-on-Sea	..	2
Belgrave House, Littlehampton	.. ..	1
Charnwood Forest, Loughborough	..	1
Children's Home, Exmouth	.. ..	1
Cliff Coombe, Broadstairs	.. ..	1
Roecliffe Manor, Woodhouse Eaves	..	1
		<hr/>
		62
		<hr/>

The following table shows the number of cases by the duration of stay :—

2 weeks	..	..	..	6
3 weeks	..	..	..	49
4 weeks	..	..	..	3
5 weeks	..	..	..	1
6 weeks	..	..	..	3
				<hr/>
				62
				<hr/>

The average weekly maintenance rate is £3 11s od.

SPEECH THERAPY

Miss M. Edwards, the Senior Speech Therapist, has submitted the following report :—

“ Miss D. S. Oliver was appointed as a full time speech therapist in September, 1953. As a result it was possible to extend several of the clinics which were only providing a partial service.

The clinic at Cradley which formerly catered for children in the Halesowen, Stourbridge and Cradley areas, now provides treatment for Cradley and Lye children and new clinics have been started in Stourbridge and Halesowen.

A speech clinic was also opened at Malvern to provide treatment for children living in the Malvern area and in the Rural District of Upton-on-Severn.

In spite of the fact that many more children are now receiving speech therapy the waiting list has increased slightly. This is explained partly by the fact that now the speech therapy service is known more widely, the rate of referral is considerably higher and partly by the fact that treatment is a long process and consequently the number of children referred for speech therapy nearly always exceeds the number discharged.

A speech recording machine was brought into use during the year and is proving most useful."

			Articulation <i>e.g. lisp</i>	Communication <i>e.g. stammering</i>	Multiple <i>e.g. cleft palate</i>	TOTAL
Oldbury	..	..	20	22	3	45
Kidderminster	..	..	25	18	9	52
Bromsgrove	..	..	10	8	6	24
Cradley	..	..	15	11	9	35
Stourbridge	..	..	5	3	2	10
Redditch	..	..	9	9	3	21
Malvern	..	..	4	2	3	9
Rhydd Court	..	..	5	4	3	12
Pershore	..	..	8	4	—	12
Evesham	..	..	21	10	—	31
Worcester	..	..	11	9	—	20
Halesowen	..	..	4	6	3	13
			<u>137</u>	<u>106</u>	<u>41</u>	<u>284</u>

	Oldbury	Kidderminster	Bromsgrove	Cradley	Evesham	Pershore	Rhydd Court	Redditch	Worcester	Stourbridge Sept. 1953	Halesowen Sept. 1953	Malvern Sept. 1953	TOTAL
cases attending at 31.12.53	33	33	13	20	20	7	10	18	11	10	10	6	191
discharged after satisfactory progress	11	15	8	11	7	1	1	1	3	—	1	3	62
cleft school or area	1	—	—	1	3	4	1	1	4	—	—	—	15
ceased attending	—	4	3	3	1	—	—	1	2	—	2	—	16
Total	45	52	24	35	31	12	12	21	20	10	13	9	284
Waiting list	115	82	51	27	43	16	1	74	44	50	22	30	555
Grand Total	—	—	—	—	—	—	—	—	—	—	—	—	839
Total No. Treatments	691	691	300	431	478	204	362	468	280	119	87	53	4164

SCHEME OF ADMINISTRATION—BOROUGH OF OLDBURY AND KIDDERMINSTER DIVISIONAL AREA

The existing schemes of divisional administration for the Borough of Oldbury and for the Kidderminster area have been renewed for a further year.

The arrangements continue to work well.

RESEARCH

(1) *National Survey of the Health and Development of Children*

This survey is now in its seventh year. Preliminary reports are being prepared and they should be interesting and valuable.

(2) *Research on respiratory performance at Hill Top Hospital, Thoracic Centre*

Arrangements were made during the year for children to take part in an original research programme at this hospital at the request of the hospital and with the consent of the parents.

Parents have been most co-operative and the children concerned have enjoyed the experience.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Arrangements are made for children approaching school leaving age to be x-rayed whenever a mass miniature radiography unit is in the vicinity.

No figures are available, but it is known that large numbers of school children have been examined.

The x-ray machines are not suitable for the examination of younger children.

Ministry of Health Circular 22/53 was received at the end of the year indicating that the Minister was prepared to approve schemes for the giving of B.C.G. vaccine to 13 year old school children.

Plans are being prepared to begin a programme of B.C.G. inoculation along the lines suggested, some time in 1954.

The giving of B.C.G. vaccine is intended to raise individual resistance to tuberculosis and it has been widely used for this purpose by the World Health Organisation and other national and international health authorities.

Medical students, nurses and contacts of known cases of tuberculous persons have been protected by this method in this country for some years and it is confidently hoped that the extension of the measure to older school children will help to reduce the incidence of tuberculosis in young adults.

Tuberculosis is the most important infectious disease in England and Wales, regularly claiming 200—300 deaths each week, and any technique of prevention which promises to be effective should be applied vigorously.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

The following table shows the number of medical examinations of student school teachers and school teachers carried out during the year in accordance with the terms of Ministry of Education Circular 249 :—

Entrants to Training Colleges	Form 4 RTC	142
Employment as Teachers by the Worcestershire Education Committee	Form 28 RQ	34
Total (including Kidderminster and Oldbury Divisional Areas)		<hr/> 176 <hr/>

This work has grown considerably in volume since it was first undertaken last year.

NOTES FROM ANNUAL REPORTS OF SCHOOL MEDICAL OFFICERS

Dr. J. J. Murray (Evesham and Pershore)

“ General condition. The great majority of the children are in good general health.

The general impression is, that gradually more and more active interest is shown at the interview, and therefore, it is most necessary that parents should be received cordially, given ample time for discussion and advice, and that the great virtues of prevention—and early treatment when necessary—are pressed home.

Ear, Nose and Throat. The arrangements for specialist consultation work very satisfactorily and with the appointment system, no complaints are heard as they used to be under the old arrangement.

There is a diminution in the numbers of those having the removal of tonsils and adenoids advised, a more critical and conservative attitude having now prevailed. Nevertheless, much benefit results from the operation in suitable cases.

Orthopaedic. The propaganda in the press and by radio is obviously bearing fruit, as parents seem keenly interested in foot defects and alive to the importance of wearing good shoes.

For many, the cost of first class footwear is a great difficulty, but some parents have stated that to lay out what may seem a large amount of money on this type of purchase, is a definite economy in the long run, as the superior leather needs less frequent repair, the latter being a considerable item in itself.

General. The large number of new houses provided by Local Authorities has, there is little doubt, played a large part in creating more positively healthy conditions for large numbers of children. Parents testify to this statement in various ways—" They are much more lively," " They sleep better," " They are not so irritable," and so on.

In these areas it is difficult to imagine better conditions for treatment of children. The scheme of consultants, hospitals, practitioners and school medical service seem to have very close co-ordination, the net result being that no sick child need lack adequate care. At the same time, it should be emphasised that with all this, the vital centre is the family with parental example, attitude and care. No outside agencies, however admirable, can replace a good home."

Dr. A. M. Nelson (Stourbridge)

" The standard of attendance of parents at routine Medical Inspections has been excellent.

The co-operation between all those interested in the health and well being of the child has been good.

Advice concerning, in particular, relative weight and height to age, upper respiratory catarrh, and minor orthopaedic defects, is readily accepted."

Dr. E. Patterson (Redditch)

" Work has gone on steadily and smoothly ; the two health visitors are excellent and all head teachers have been most co-operative and helpful. The Dental Officers good work is much appreciated.

A large percentage of parents attend the school inspections and are anxious to obtain any necessary treatment for their children."

WORCESTERSHIRE COUNTY COUNCIL.

KIDDERMINSTER DIVISIONAL AREA

SCHOOL HEALTH SERVICE

REPORT OF THE
DIVISIONAL SCHOOL
MEDICAL OFFICER

FOR THE YEAR 1953

COLIN STARKIE,
Divisional Medical Officer.

R. W. MARKHAM,
Deputy Divisional Medical Officer.

CALDWALL HALL,
KIDDERMINSTER.

WORCESTERSHIRE COUNTY COUNCIL.
KIDDERMINSTER DIVISIONAL AREA.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1953.

Divisional Office :

CALDWALL HALL,
CASTLE ROAD,
KIDDERMINSTER.

DIVISIONAL COMMITTEE.

County Council Representatives :

Alderman	K. D. Briggs, J.P. (Chairman)
„	Sir A. C. T. Woodward.
„	H. Parkes.
Councillor	S. T. Melsom.
„	J. G. Parker.
„	E. A. Robinson.

Kidderminster Borough :

Alderman	D. Samuel.
Councillor	W. P. Hill.
„	H. G. Parker.

Bewdley Borough :

Alderman	R. B. Jackson.
Councillor	Mrs. D. L. Lawrence.

Stourport Urban District Council

Councillor	P. G. Hopcroft.
„	Mrs. A. Pratt.

Kidderminster Rural District Council :

Councillor	H. Doolittle.
„	A. Pardoe.

Tenbury Rural District Council :

Councillor	E. Evans.
	The Rev. A. P. Randle.

Co-opted Members :

The Rev. N. Panter.
Mrs. G. S. Chadwick.
Mrs. T. H. Charles.
Lady Lea.
Mrs. H. Rowlatt.
Mrs. E. M. Knight.

STAFF.

As at December, 1953.

Divisional Medical Officer.

COLIN STARKIE, M.D., Ch.B., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

Deputy Divisional Medical Officer.

R. W. MARKHAM, B.A., M.B., B.Ch., D.P.H.

Assistant School Medical Officer (Part-time)

GWEN SMITHSON CLARK, M.B., Ch.B., D.R.C.O.G.,
D.P.H.

Ophthalmic Surgeons (Part-time)

I. LLOYD JOHNSTONE, M.C., M.D., D.O.
C. G. SINCLAIR, M.B., B.S., F.R.C.S.

Medical Director, Child Guidance Clinic (Part-time).

J. J. GRAHAM, M.B., Ch.B., D.P.M.

Dental Surgeon.

PETER WALSH, B.D.S.

SCHOOL NURSES.*Kidderminster Borough.*

Miss E. A. Baird..	..	School Nurse.
Miss M. M. McCarthy	..	School Nurse and Health Visitor.
Miss M. J. Thomas	..	School Nurse and Health Visitor.
Vacancy ..	..	School Nurse and Health Visitor.
Mrs. E. M. Roden	..	Clinical Assistant.
Miss M. Amos ..	..	Dental Assistant.

Stourport, Bewdley and Wribbenhall.

Miss L. M. Cartwright	..	School Nurse and Health Visitor.
Miss L. M. Coward	..	School Nurse and Health Visitor.

Kidderminster Rural.

Miss M. A. Buck	..	School Nurse, Health Visiting, District Nurse and Midwife.
Mrs. M. J. Moir ..	..	School Nurse, Health Visitor, District Nurse and Midwife.
Miss D. M. Strong	..	School Nurse, Health Visitor, District Nurse and Midwife.
Mrs. A. M. Towers	..	School Nurse, Health Visiting, District Nurse and Midwife.

Tenbury Rural.

Mrs. F. A. Allan	..	School Nurse, Health Visiting, District Nurse and Midwife.
Mrs. G. Arnett ..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Miss E. Powell ..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Miss U. M. Watson	..	School Nurse, Health Visiting, District Nurse and Midwife.

ORTHOPAEDIC SISTER.

Mrs. K. J. Johnson.

TUBERCULOSIS HEALTH VISITOR.

Miss A. W. Gaffney.

SPEECH THERAPIST (Part-Time).

Miss D. M. Edwards.

CLERICAL STAFF.

Miss M. M. French	..	Chief Clerk.
Mrs. E. M. Walton	..	Assistant Clerk.
Mrs. M. Q. Claridge	..	Assistant Clerk.
Miss L. M. Randle	..	Assistant Clerk.
Miss P. J. Purcell	..	Assistant Clerk.

*To the Chairman and Members of the Kidderminster Divisional
Area Sub-Committee*

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my fifth annual report upon the health of the Divisional School Children.

The year 1953, has been a historic one in which the Korean War ended, Queen Elizabeth II. was crowned and Mount Everest was climbed.

These three events affected us all to some extent, and provided much stimulus and inspiration for good work in the schools.

There was a great feeling of relief from tension which was shared by the schools as they prepared for, and enjoyed the Coronation Celebrations.

The School Health Service has continued to work smoothly throughout the year, always with the object of helping our children to live a full useful happy life, and able to make the most use of the education offered to them.

I have not attempted to summarise the many activities of this Department, but a study of the body of this report will enable anyone to appreciate the quality, and extent of the School Health Service.

I wish to record my full appreciation and thanks to the Members of the Divisional Committee, and to my Staff, and to all who have interested themselves in and helped to improve the health of the School Children in the Division.

Yours obediently,

COLIN STARKIE,
Divisional Medical Officer.

Caldwall Hall,
Kidderminster.

INCREASE IN THE SCHOOL POPULATION.

There were 10,536 pupils on the school register in December, 1953, which is an increase of 256 since 1952. This figure shows a continuation in the annual increase which has been going on for several years. Since the Division was created five years ago, the total increase in the school population is approximately 1,300 children. This has required more places to be found in schools, more buildings, more teaching staff and more work in the school health service.

HEALTH INSPECTIONS IN SCHOOLS.

The conditions under which school health inspections are carried out in the newer schools are very good, there being either a special medical room, or a staff room kindly put at the disposal of the Medical Officer and Nurse.

In many of the older schools however, the medical inspections are carried out under considerable inconvenience and often discomfort to medical staff, children, parents and teachers alike.

During colder months there has been difficulty in making the medical inspection room warm enough to undress the children in. This difficulty is not likely to be overcome by the new method of heating where the source of heat is placed high up on a wall, a procedure reversing all physiological needs, and quite contrary to the basic laws of physics, and calculated to fry the face and freeze the feet. It may be argued that this form of heating ensures safety from burns. The obvious answer to this is to adopt a suitable form of space heater, low down in the room and adequately shielded.

GENERAL CONDITION OF SCHOOL CHILDREN.

The plain statistics show that of the 3,292 children inspected, approximately :

66.3% were classified as ' Good.'

32.9% were classified as ' Fair,' and

.8% were classified as ' Poor.'

Thus, almost all the children were ' Fair to Good ' and only 26 required to be treated for their ' Poor ' condition.

HEALTH EDUCATION.

As in former years, Health Education has been considered of foremost importance, and has been shared by the Teaching and Medical Staffs who have worked in very close co-operation.

Student teachers have visited the School Clinics, teachers have arranged for talks with Parents—Teachers Associations, and discussions have taken place between the School Health Officers and the following groups :—

Mothers Group.

New Parents Group.

Parents—Teachers Association.

Senior Girls.

Scouts and Guides.

Shenstone Pupil Teachers.

Health advice has constantly been given to mothers, teachers, scholars and others who have anything to do with schools.

THE SCHOOL DENTAL SERVICE.

I am glad to report that there has been a Dental Officer working full time in the Kidderminster Area since March, 1953. His base of operations is the Dental Surgery at the Welfare Centre, Kidderminster, and from there he can spread dental hygiene to cover 6,000 children.

The large amount of work carried out by the Dental Officers is shown on page 55.

INFESTATION WITH VERMIN.

Throughout the year the School Nurses have carried out Head Inspections and notified parents where infestations with lice have been discovered. In many instances the parents have been supplied with material to free the hair from vermin, and sometimes the work has been carried out by the nurse herself at the School Clinic.

In spite of all our attention, 568 children were found to have evidence of louse infestation in their hair.

There are only a few families which act as a reservoir and infest the other children in school. These people are too lazy, or indifferent, or just incapable of making the effort to keep themselves clean.

But for the constant vigilance of the School Nurses the infestations would be very much more numerous.

VERRUCA PEDIS.

All Hygiene and Routine Inspections include an examination of the feet as well as the children's hair. This discovers cases of Verruca Pedis which are referred for treatment and excluded from any bare-foot activity, including showers and swimming baths, until cured.

During 1953, there have been 64 cases of Verrucae discovered which is 16 more than last year. Almost all these cases have occurred in the Kidderminster Borough, the largest number being at the High School, where 30 cases were found after allowing barefoot work to be resumed for six months, on the urgent request of the Physical Education Staff, when the Verruca cases at the High School had virtually ceased to occur, due chiefly to the protection of the barefoot ban. It is obvious that if these contagious warts are to be kept down to a minimum, the children's feet must continue to be protected from contaminated surfaces, which means that protecting shoes must be worn during physical training periods.

The practice carried on in some schools, of children exchanging and wearing each others gym-shoes should cease completely.

Only by the strict enforcement of these simple rules of hygiene can foot contagion be prevented.

INFECTIOUS DISEASES IN SCHOOLS.

The chief event was a widespread outbreak of mild influenza which occurred in January, and caused a large number of children to be absent from school for a week or more. There has been no evidence noted of lasting damage from this attack of influenza.

During the last quarter of the year, Stourport suffered from a widespread outbreak of Whooping Cough and Mumps.

ANTERIOR POLIOMYELITIS.

There were no cases of Anterior Poliomyelitis notified in the School children of the Division.

TUBERCULOSIS.

There are 22 scholars in the Division suffering from Tuberculosis and of these, 12 are cases of Pulmonary Tuberculosis and 10 of Non-Pulmonary Tuberculosis.

There have been four new cases notified during the year.

PREVENTIVE MEASURES.

(a) Mass X-Ray.

At the end of the year the Dudley Mass X-Radiography Unit visited Kidderminster and Stourport.

Children of 13 years old, the school leaving group, were recommended for examination and 1,196 accepted. Two were found to have active tuberculosis. All contacts were examined and the children are under the care of the Chest Physician.

(b) Examination of Staff.

22 Teachers and Student Teachers were medically examined before taking new appointments, or entering training colleges.

40 School Meal Helpers were also examined before commencing work in the School Meals Service.

(c) *Milk in Schools.*

All the milk now supplied to the schools in the Division is pasteurised.

IMMUNISATION AGAINST DIPHTHERIA.

The numbers of school children immunised for the first time or given re-inforcing doses are shown by the District in the table below :—

	Immunised for 1st time Age 5—14.	Booster Doses.
<i>Bewdley.</i>		
Jan.—June	3	17
July—Dec.	1	51
<i>Tenbury R.D.</i>		
Jan.—June	2	25
July—Dec.	4	29
<i>Stourport U.D.</i>		
Jan.—June	14	154
July—Dec.	24	103
<i>Kidderminster R.D.</i>		
Jan.—June	10	50
July—Dec.	10	114
<i>Kidderminster B.</i>		
Jan.—June	43	188
July—Dec.	51	299

EYES.

During the growing period and long before they are mature, the eyes are used probably more than any other part of the body in acquiring knowledge. It is not surprising therefore, that 585 children required some treatment for their eyes.

Spectacles were prescribed in 511 cases and had been obtained for 510 children. Ophthalmic Clinics were held at Kidderminster and Stourport, with an Oculist Consultant in attendance.

EAR, NOSE AND THROAT CERVICAL GLANDS.

Only a few years ago there were very many more children suffering from chronically discharging ears, grossly enlarged and unhealthy tonsils, and persistently enlarged cervical glands than are seen today.

The great improvement has been brought about by better feeding, better hygiene and a milk supply free from Tuberculosis germs.

OPEN AIR SCHOOL, MALVERN.

Children have benefited so much by a term in the Open Air School, that it is disturbing to learn that the numbers of children allowed there must now be reduced. Girls over eight years old can no longer be admitted, and yet it is so often the 8—14 years old girls who need the benefits of the Open Air School most.

During the year, 44 children from the Division were recommended for the school and 37 were admitted.

They were recommended for the following reasons :—

Debility	..	..	..	29 children.
Bronchitis	..	..	..	9 children.
By Chest Physician	..	..	..	6 children.

HANDICAPPED PUPILS.

Twenty-three Educationally Subnormal children have been found places in residential special schools and eleven are awaiting vacancies.

There are now 50 Educationally Subnormal Children requiring special education in ordinary schools. Some attempt has been made in some schools to give these children the special attention they need, but there are still many awaiting the special teaching they require.

The position at the end of the year is shown in the table below :—

Defect.	No. of children on Handicapped Register.	Position—December 1953.
Educationally Subnormal	86	23 in special schools. 11 requiring places in special schools 50 requiring special education in ordinary schools. 2 at home.
Mal-adjusted	3	2 in special school. 1 attending ordinary school.
Partially Deaf	5	2 in special schools. 3 at ordinary schools.
Blind	1	1 in special school.
Partially Sighted	1	1 receiving home tuition.
Physically Handicapped	18	5 in special schools. 1 attending independent school under special arrangements made by the Authority. 2 awaiting vacancies in special schools. 5 attending ordinary schools. 3 not recommended for special school. 2 being educated under special arrangements.
Epileptic.	2	2 to continue attending ordinary school.
Delicate Children.	2	1 to continue attending ordinary school. 1 in special school.
Mental Defectives Notified during 1953.	7	5 admitted to Lea Colony.

ORTHOPAEDIC AFTER-CARE, 1953.

Mrs. Johnson, Orthopaedic Sister reports as follows :—

“ The examination of school children has continued. Those requiring remedial exercises have been instructed and supervised, and where possible, homes have been visited. Children who have been referred to me following school medical inspections and examination at Infant Welfare Clinics have been similarly supervised.

Those children who were found to require the advice of an Orthopaedic Surgeon were referred to the appropriate Clinic.

A total of 314 school children and 134 infants attended the Orthopaedic Clinic at Kidderminster General Hospital, of these 149 children and 62 infants were referred there this year.

A very high percentage of children are still wearing footwear which is too small for them. This is particularly noticeable amongst teenage girls, a great number of whom appear to have the knack of choosing styles which are unsuitable for growing feet.

Socks which are too small are a contributory factor to minor foot defects, particularly of the toes. It appears virtually impossible to buy socks, especially for boys, which do not shrink very badly, no matter how carefully they are washed.

Unfortunately there seems to be very little improvement in those children who have a poor and lazy posture. This to some extent is possibly due to home environment. Exercises and constant supervision show very disappointing results ! ”

Posture and Footwear.

The report of the Orthopaedic Sister emphasises the two conditions often found causing trouble in school children.

Good posture is chiefly a matter of good muscle action and is conditioned to a marked degree by habit. If children go about all their waking hours in a slouching manner with head poking forward, rounded shouldered and flat chests, then they will not have the dignified upright carriage we know to be good. If we could only make into a permanent habit the good posture and alert controlled movement which we so meticulously teach in Physical Education lessons, then the problem of poor posture would disappear. Perhaps the slouching attitude is a symptom of the general slackness prevailing after the war. If this is so, it is all the more necessary to encourage children to carry themselves well, not only during a few specified lessons (although this is very important) but at all times.

Footwear.

The Orthopaedic Sister, the School Nurses, the Health Visitors and the Medical Officers are all insistent on the importance of adequate well fitting footwear. The most frequently occurring faults are too short shoes and stockings. This lays the foundations for future bunions, hammer toes, ingrowing toenails and corns. The age groups most frequently affected are teenage girls who have difficulty in obtaining well fitting and attractive shoes at a price the parents will pay. The condition is further aggravated by the deplorable practice of children wearing each other's gym-shoes, chosen at random from a store provided out of Education funds. Not only are the wrong sizes often selected by the pupil, but any infection in the shoes can be passed round from one child to another.

CHILDREN AND YOUNG PERSONS ACT.
EMPLOYMENT OF CHILDREN.

15 girls were examined prior to their appearing in Pantomime.
160 children were examined prior to their employment in the delivery of newspapers.

PSYCHIATRIC CLINIC.

The following table gives details of children attending the Kidderminster Clinic during the year, including children from outside the Divisional Area.

Cases referred by	1-5 years.		5-11 years.		11 and over.		Total.
	M.	F.	M.	F.	M.	F.	
Probation Officer	-	-	-	-	2	-	2
General Practitioners	-	-	4	2	4	2	12
Head Teachers	-	-	-	1	-	2	3
Divisional Medical Officer	1	-	1	1	1	2	6
Juvenile Courts	-	-	-	-	3	-	3
Director of Education	-	-	-	-	-	1	1
Specialists	-	2	1	2	2	1	8
TOTAL ..	1	2	6	6	12	8	35

SPEECH THERAPY.

The Speech Therapist is holding 4 sessions weekly at Coventry Street Clinic, and her work is summarised in the following table :—

No. of cases attending, December, 1953	..	..	33
Discharged after satisfactory progress	..	..	15
Left School or Area	..	..	—
Ceased attending	..	..	4
Total	..	..	52
Waiting List	..	..	82
Grand Total	..	..	134
Total Number of Treatments	..	..	691
<i>Types of Defects Treated at Clinic.</i>			
Articulation, e.g. lisp	..	..	25
Communication, e.g. stammering	..	..	18
Multiple, e.g. cleft palate	..	..	9
Total	..	..	52

IMPROVEMENTS IN SCHOOL BUILDINGS.

Although there are many fine modern school buildings in the Division, unfortunately some schools are both old and unsuitable for modern requirements.

Stourport still suffers from the effects of bomb damage which destroyed the senior school, thus causing the pupils to be scattered in several parts of the town.

However, some improvement in the Division has been made as may be seen in the following table :

School.	Nature of Improvement.
Kidderminster High ..	Art room converted.
Harry Cheshire Boys ..	Improvement to grounds.
Harry Cheshire Girls ..	Two new classrooms.
New Meeting	New flooring. Improvement to Sanitary accommodation. New heating apparatus.
Kyre	Improved water supply. Electricity installed.
Bayton	Improved heating and lighting. New storage accommodation.
Rock	Improvements to grounds and heating.
Far Forest	Water carriage sanitation being installed. New scullery and playground.
Upper Arley	New Scullery. Playground resurfaced.

New Schools are in the course of erection on the Franche and Birchen Coppice Estates in Kidderminster and at Stourport.

ROTARY BOYS' HOME, WESTON-SUPER-MARE.

The generosity of the Kidderminster Rotary Club was extended to 14 boys during the year, when they were given a fortnight's holiday at the Rotary Boys' Home, Weston-Super-Mare.

These boys are from families which could not give them a holiday, and in some instances they have never seen the sea before this visit to Weston.

SCHOOL CLINICS.

There are School Clinics now established at Bewdley, Stourport and Kidderminster.

At Bewdley, minor ailments are attended to by the School Nurse every Thursday morning during the school terms. Where necessary, any cases are referred for further treatment to their own Doctor. The Stourport School Clinic has continued with Dr. Markham attending for consultation. Children referred by nurses, teachers, or by special appointment have been seen. Dental Sessions are held at the Stourport Clinic as required.

The Central Clinic in Kidderminster is used weekly as follows :—

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M. School Clinic. 9—10	School Clinic. 9—10 Special Consulta- tions. Psychiatric Clinic. Speech Therapy.	School Clinic. 9—10	School Clinic. 9—12 Occasional Ophthalmic Clinics.	School Clinic. 9—10 Speech Therapy.	School Clinic. Special Consulta- tions.
P.M. Ante- Natal Clinic.	Special Consulta- tions. Psychiatric Clinic. Speech Therapy.	Sewing Class. Family Planning Clinic.	Infant Welfare Clinic.	Ophthalmic Clinic. Speech Therapy.	

Dental Sessions held mornings and afternoons daily.

The Clinic is also used occasionally by :—

- The Blood Transfusion Unit.
- The Lip Reading Classes.
- The Red Cross Society.

on week-day evenings or Sunday afternoons.

SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA.

Number on Books for the Quarter—December, 1953.

BOROUGH.

Grammar Schools. *Number on Books.*

Kidderminster High	420
King Charles I.	352

Total	772
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County Modern Schools.

Harry Cheshire Boys'	637
Harry Cheshire Girls'	520
Sladen Secondary	475

Total	1,632
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Primary Schools.

Lea Street Mixed	237
Lea Street Infants'	112
Bennett Street Junior	263
Bennett Street Infants'	..	..	..	..	..	155
Foley Park	..	..	..	..	..	403
St. Mary's Junior	..	..	..	..	..	260
St. Mary's Infants'	..	..	..	..	..	133
St. George's Mixed	..	..	..	..	..	239
St. George's Infants'	..	..	..	..	..	152
Hoobrook	..	..	..	..	..	10
St. John's Boys'	..	..	..	..	..	94
St. John's Girls'	..	..	..	..	..	126
St. John's Infants'	..	..	..	..	..	116
Broadwaters	..	..	..	..	..	76
New Meeting	..	..	..	..	..	211
Birchen Coppice Infants'	..	..	..	..	..	278
Birchen Coppice Junior	373
Franch	140
St. Ambrose's Mixed	354
St. Ambrose's Infants'	107

Total	3,839
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RURAL.

Primary Schools.

Chaddesley Corbett Mixed	49
Chaddesley Corbett Infants'	34
Trimpley	..	..	..	..	..	28
Stone	..	..	..	..	..	91
Churchill	..	..	..	..	..	23
Upper Arley	..	..	..	..	..	104
Wolverley	..	..	..	..	..	240
Cookley	201
Blakedown	72
Far Forest	151
Heightington	30
Rock	12

Total	1,035
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OTHER DISTRICTS

<i>Primary Schools</i>						<i>Number on Books</i>
Areley Kings	177
Bayton	65
Bewdley C.E.	..	..	..	..	..	307
Bockleton	..	..	..	..	..	33
Eastham and Hanley	..	..	..	..	..	47
Knighton-on-Teme	..	..	..	..	..	43
Lindridge	..	..	..	..	..	47
Pensax	..	..	..	..	..	46
Stoke Bliss and Kyre	..	..	..	..	..	43
Stourport County Modern	..	..	..	..	..	493
Stourport Junior Boys'	..	..	..	..	..	283
Stourport Junior Girls'	..	..	..	..	..	282
Stourport Infants'	..	..	..	..	..	274
Tenbury Junior	..	..	..	..	..	129
Tenbury Infants'	..	..	..	..	..	85
Tenbury Secondary	..	..	..	..	..	169
Upper Mitton	..	..	..	..	..	77
Wilden All Saints'	..	..	..	..	..	134
Wribbenhall C.P.	..	..	..	..	..	183
Wribbenhall C.E.	..	..	..	..	..	185
Total						3,102

SUMMARY.

Kidderminster Borough	..	..	..	..	6,243
Kidderminster Rural	..	..	..	..	1,035
Other Districts	..	..	..	..	3,102
Hartlebury Grammar	..	..	..	..	156
Total					10,536

APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER.

For Year Ended 31st December, 1953.

STATISTICAL TABLES.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.

A. *Periodic Medical Inspections.*

Number of inspections in the prescribed groups.

Entrants	..	..	..	..	..	..	1,264
Second Age Group			..	..	..	..	848
Third Age Group	..	..	..	..	..	..	883
Total							2,995
Number of other Periodic Inspections							297
Grand Total							3,292

B. *Other Inspections.*

Number of Special Inspections	..	..	..	745
Number of Re-Inspections	..	..	..	1,180
Total				1,925

Pupils found to require Treatment.

Group. (1)	For Defective Vision. (Excluding Squint). (2)	For any of the other conditions Table IIA (3)	Total Individual Pupils. (4)
Entrants	21	184	201
Second Age Group ..	69	120	188
Third Age Group ..	114	104	202
TOTAL. (Prescribed Groups)	204	408	591
Other Periodic Inspections ..	34	50	81
GRAND TOTAL ..	238	458	672

TABLE II.

**A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS
IN THE YEAR ENDED 31st DECEMBER, 1953.**

DEFECT OR DISEASE. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Skin	78	17	85	2
Eyes. (a) Vision	238	93	39	1
(b) Squint	49	6	2	—
(c) Other	19	1	14	—
Ears. (a) Hearing	10	10	3	—
(b) Otitis Media	19	3	11	—
(c) Other	5	7	1	2
Nose or Throat	62	112	15	2
Speech	6	15	6	2
Cervical Glands	21	72	10	1
Heart and Circulation	8	30	9	3
Lungs	32	46	13	—
Developmental				
(a) Hernia	5	—	—	—
(b) Other	26	44	5	2
Orthopaedic.				
(a) Posture	23	13	4	3
(b) Flat Foot	13	8	4	1
(c) Other	88	48	30	3
Nervous System.				
(a) Epilepsy	1	—	—	—
(b) Other	20	19	35	2
Psychological				
(a) Development	3	30	4	—
(b) Stability	1	5	1	1
Other	23	11	48	4

**B. CLASSIFICATION OF THE GENERAL CONDITIONS OF
PUPILS INSPECTED DURING THE YEAR IN THE
AGE GROUPS.**

Age Groups.	No. of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,264	745	59.0	506	40.0	13	1.02
Second Age Group ..	848	546	64.4	295	34.8	7	.8
Third Age Group ..	883	689	78.0	192	21.7	2	.22
Other Periodic Inspections ..	297	203	68.4	90	30.3	4	1.3
TOTAL ..	3,292	2,183	66.3	1,083	32.9	26	.8

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the Schools by the School Nurses or other authorised persons 23,773
- (ii) Total number of individual pupils found to be infested (Estimated) 568
- (iii) Number of individual pupils in respect of whom cleansing notices were issued.
(Section 54 (2), Education Act, 1944) Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued.
(Section 54 (3) Education Act, 1944) Nil

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

Diseases of the Skin. (*Excluding uncleanness, for which see Table III*).

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise
Ringworm. (i) Scalp	—	—
(ii) Body	4	—
Scabies	4	—
Impetigo	43	3
Other Skin Diseases	34	104
TOTAL ..	85	107

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority.	Otherwise
External and other, excluding errors of refraction and squint	27	15
Errors of Refraction, (Including squint)	428	115
TOTAL ..	455	130
Number of Pupils for whom spectacles were :—		
(a) prescribed	396	115
(b) obtained	395	115

CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere
No. of pupils treated at Child Guidance Clinics	35	—

SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
No. of pupils treated by Speech Therapists 	52	—

OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
Miscellaneous minor ailments ..	563	10

TABLE V.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY.**

(1) Number of Pupils inspected by the Authority's Dental Officers.					
(a) Periodic age groups	..	..	..	..	3,232
(b) Specials	..	..	..	..	207
Total (1)					3,439
(2) Number found to require treatment	..	..	..	..	3,019
(3) Number referred for treatment	..	..	..	..	2,683
(4) Number actually treated	..	..	..	..	1,611
(5) Attendances made by pupils for treatment	..	..	..	..	2,992
(6) Half-days devoted to : Inspection	..	..	..	..	22
Treatment	..	..	..	..	609
Total (6)					631
(7) Fillings : Permanent Teeth	..	..	..	..	2,822
Temporary Teeth	..	..	..	..	201
Total (7)					3,023
(8) Number of Teeth filled : Permanent Teeth	..	..	..	..	2,431
Temporary Teeth	..	..	..	..	200
Total (8)					2,631
(9) Extractions : Permanent Teeth	..	..	..	..	640
Temporary Teeth	..	..	..	..	2,746
Total (9)					3,386
(10) Administration of general anaesthetics for extractions	..	..	..	..	594
(11) Other operations : Permanent Teeth	..	..	..	..	239
Temporary Teeth	..	..	..	..	30
Total (11)					269



BOROUGH OF OLDBURY

ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1953

Borough School Medical Officer:

HENRY TABBUSH, M.B., Ch.B., D.P.H.

The Midland Printing Co., Ltd., Simpson Street, Oldbury

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BOROUGH OF OLDBURY

To the Chairman and Members of the Oldbury Committee for Education.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report on the School Health Service for the year 1953. The work of the Department has increased during the year as shown by increases in the number of inspections carried out, the amount of dental treatment provided and the number of immunisations. This has been possible because of an improved position with regard to staff and has been made necessary by the increase in the school population, particularly of school entrants.

Dental Service.

The appointment of a Divisional Dental Officer has made it possible to make a start to catch up on the arrears. The appointment of one Assistant Dental Officer will be required before a fully effective preventive dental service can be provided.

Orthoptic Clinic.

The number of children found during the year to have squint requiring treatment was 48 against 37 in 1952. An orthoptic clinic where these children can receive the necessary treatment has now been established by the Regional Hospital Board at the Warley Clinic.

Educationally Subnormal Pupils.

Only two children were provided with places at Special Schools during the year. There are now 59 children requiring places. It should be emphasised that this figure does not include many educationally subnormal pupils for whom education in a special class in an ordinary school has been recommended.

These 59 children require the facilities and individual attention which it is only possible to provide in a Special School. There is a pressing need for a Day Special School in the Borough.

Malvern Open Air School.

In July we were informed by the County Education Department that, following visits by H.M. Inspector, it had been necessary to reduce the number of admissions of girls to the School. So far as Oldbury is concerned this means that 3 instead of 7 girls can be admitted each term. In other words, 12 girls will be deprived of the opportunity of a visit at the Open Air School each year. It has also been stipulated that no girl over the age of 8 years can be admitted. The waiting list for the Open Air School has always

been a long one and those children who have had the opportunity of going have derived considerable benefit from their stay. It is regrettable that this provision has been so reduced.

Diphtheria.

One case of diphtheria occurred during the year in a child who had not been immunised. Fortunately it was of a mild type. The danger of diphtheria is an ever present one. We cannot afford to relax in our efforts to maintain a high level of immunity in the child population. It is pleasing to note the marked increase in immunising and re-inforcing injections given during the year but it should not be necessary to immunise children for the first time at school. All children should be immunised in infancy and should then only require a single re-inforcing injection on entry into school.

Dysentery.

Information reached the Department on March 4th that several children attending Rounds Green Infants' School had suffered from sickness and diarrhoea during the preceding week-end. Investigations suggested that this was due to Dysentery and the children were immediately excluded. As soon as the diagnosis was confirmed, a Sanitary Inspector or a Health Visitor visited each of the homes of the infected, arranged for the collection of specimens of faeces for bacteriological examination, explained the nature of the infection to the parents and instructed them on the precautions it was necessary to take. Each was advised to obtain medical treatment and general practitioners in the area were advised by telephone of the position.

The outbreak was explosive in character, 35 cases gave February 28th as the date of onset and a further 45 cases arose between the 7th and 10th of March. Thereafter cases occurred daily with a maximum of 5 in any one day until the last case on March 29th.

Of the total of 167 cases, 135 were school children, 29 children under 5 and 3 adults. The three adults were a teacher and a meals helper who became infected in the second and third weeks of the outbreak, and a children's supervisor who was one of the original cases. As her duties included attending to the children's toilet at meal times it is possible that she may have been responsible for the spread of the original infection.

A close watch was maintained throughout on the School Meals Staff since the meals prepared at this school were supplied to other schools in the Borough. At no time during the outbreak were school meals incriminated.

The period of exclusion varied from 3 to 12 weeks, the most usual length of absence being about 5 to 6 weeks. In view of the numbers involved and the limitations of staff it was decided to accept a single negative result, taken at least 3 weeks from the

onset and one week after the last positive result, as evidence of freedom from infection. This procedure, although involving some risk, was justified by results.

School Meals.

There has been a marked reduction in the number of children having school meals; from 41% in 1952 to 31% in 1953. The decrease is presumably due to the increase in the cost of the meals and has been partially offset by an increase of almost 8,000 in the number of meals provided free of charge. This represents roughly 40 additional children receiving free meals.

But what of the 800 children whose parents have decided that they cannot afford school meals? One is forced to the conclusion that less than ninepence is now being spent on their mid-day meals. With present-day prices of foodstuffs it is difficult to conceive that a well balanced meal can be provided at this cost. It must be presumed, therefore, that these children are getting less nourishment now than when they were taking school meals. Adequate nutrition is essential to the maintenance of health, especially of the growing child. Parents should seriously consider whether it is wise to economise at the cost of their children's health. If they really cannot afford the cost of the meals they should apply for meals to be granted free of charge.

Cod Liver Oil and Iron.

A recommendation by the Oldbury Area Health Subcommittee that individual children should be provided with vitamin supplements on the recommendation of assistant medical officers was approved by the County Education Committee. Details of the operation of this scheme during the year will be found in the body of the Report. I would like here to express my sincere gratitude to the Teachers, without whose co-operation the scheme could not be successfully administered.

Once again I would like to express my appreciation of the helpful co-operation and support I have received from the Chairman and Members, from the Education Officer and his Staff, and from the Teachers. To my Staff Medical, Nursing and Clerical, I would like to express my sincere gratitude.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

H. TABBUSH,

Borough School Medical Officer.

Greenwood Avenue, Langley,
Oldbury.

January, 1954.

SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1953	No. on Roll at 31-12-53	Accom- modation in each Dept.
Oldbury Grammar	549	554	530
Oldbury Technical	156	180	120
Albright Secondary Modern Boys' ...	408	437	480
Albright Secondary Modern Girls' ...	396	421	480
Bristnall Hall Secondary Modern Boys'	422	469	520
Bristnall Hall Secondary Modern Girls'	395	417	480
St. Michael's C. of E. Secondary Modern	300	318	320
Bleakhouse Primary Junior Mixed ...	346	352	320
Brandhall Primary Infant and Junior	409	383	350
Castle Road Primary Infant & Junior	426	416	390
Causeway Green Infants'	229	220	240
Causeway Green Junior	311	314	320
Church of England Primary Infants'...	94	71	120
Good Shepherd C. of E. Primary Junior Mixed	209	180	240
Moat Farm Primary Boys'	333	323	320
Moat Farm Primary Girls'	322	323	320
Moat Farm Primary Infants' ..	335	312	320
Rood End Primary Junior Mixed ...	439	437	385
Rood End Primary Infants'	261	239	280
Rounds Green Primary Junior Mixed	478	478	480
Rounds Green Primary Infants' ...	230	201	270
St. Francis Xavier's R.C. Infant, Junior and Senior	224	189	200
St. Hubert's R.C. Infant and Junior	248	249	160
Titford Road Primary Boys'	284	244	280
Titford Road Primary Girls'	288	252	280
Titford Road Primary Infants' ...	257	255	320
Warley Primary Infants'	267	264	270
Totals	8,616	8,498	8,795

SCHOOL CLINICS.

CLINIC	OLDBURY Tabernacle School	LANGLEY "The Hollies," Joinings Bank	WARLEY Bleakhouse Rd.
Minor Ailment Clinic	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.
Ultra Violet Light*	Mon. 10-0 a.m.	Tues. 2-0 p.m.	Wed. 10-0 a.m.
Speech Therapy *	—	Mon. 9-0—12-0 noon 2-0—4-0 p.m.	—
Ophthalmic *	—	—	Fri. 10-0—12-0 noon Alternate Wed. 1-30 p.m.
Orthoptic *	—	—	Fri. 10-0—12-0 noon
Dental	Tues. 9-0—12-0 noon 1-30—5-0 p.m. Thurs., Fri. and Sat. 9-0—12-0 noon	—	Mon., Wed. and Fri. 9-0—12-0 noon 1-30—5-0 p.m. Sat. 9-0—12-0 noon
Investigation *	—	Sat. 9-0—12-0 noon	—
Child Guidance *	—	—	Mon. 10-0—4-0 p.m.

* Clinics—By appointment only.

PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

	1948	1949	1950	1951	1952	1953
Entrants (5 years) ...	858	888	784	680	762	1,291
2nd Age Group (9 years)	731	726	674	707	832	859
3rd Age Group (14 years)	610	683	698	676	655	538
Other Periodic (11 years, 15 years)	644	844	822	791	780	819
Specials ...	173	145	217	396	305	467
Nursery Classes ...	130	94	72	—	—	—
Pre-School ...	551	617	486	631	420	625
Totals ...	3,697	3,997	3,753	3,881	3,754	4,599

In addition 1,504 defects from previous inspections were re-examined and 82 were referred for treatment.

3,776 re-inspections were carried out as follows: —

	No. of Children Re-Inspected
Re-inspection of Defects	1,504
Attendances at Ear, Nose and Throat Clinics ...	280
Attendances at Investigation Clinics	157
Edgmond Hall Camp School (F.F.I. examinations)	627
Malvern Open-Air School	55
Weston-super-Mare Rotary Boys' Home ...	34
Employment of Children	90
Mental Tests and Examinations	60
Re-inspections at Ophthalmic Clinics	496
Re-inspections at Minor Ailment Clinics ...	473
	<hr/>
Total ...	3,776
	<hr/>

Of the 625 Pre-School children examined the following defects were referred for treatment:—

Skin defects	12
Eye defects	10
Ear defects	10
Nose and Throat	10
Speech	2
Cervical glands	—
Heart and circulation	—
Lungs	5
Developmental	7
Orthopædic	78
Nervous system	1
Psychological	2
Other defects	—

Nutrition.

Table II at the end of this report gives a classification of the nutritional state of children inspected at Periodic Medical Inspections during the year.

Through the courtesy of the Education Officer I am informed that a total of 495,183 meals were served in school during the year and of this number 49,807 meals were served free of charge. Less than one-third of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,373,928 bottles of milk were supplied. All children now receive their school milk free of charge and this milk adds an additional amount of first-class protein to the child's diet.

In June 1953 a scheme was introduced in an endeavour to raise the general level of health of school-children referred by the school doctors as in poor general condition. With the agreement of the parents the children chosen were supplied with one 8-oz. jar of Cod Liver Oil and Iron per week. In order to ensure that the children themselves received the vitamin supplement it was arranged for them to attend one of the Clinics once a week to collect it and hand it in at school, where the teachers gave it to the children in doses of approximately one ounce per day, the remainder being given to the children to consume at home at week-ends. At each visit to the Clinics the children were weighed and the weighings recorded. Every 6 weeks the children were examined by a school doctor, and the treatment continued until it was felt that the desired improvement had been attained. Such cases were then discharged and replaced by other children on the waiting list.

19 children had completed this treatment at the end of the year, the average duration of the course being 15 weeks (maximum 24, minimum 6), and 24 were receiving treatment. The average gain in weight of the children treated was 4 lbs. 5 ozs., and one child gained over 1 stone in 18 weeks. A considerable clinical improvement was apparent in most cases. The number of children awaiting treatment at the end of the year was 12, but this does not indicate the number of children who would benefit, as recommendations have had to be governed by the funds at present allocated for this purpose.

The efficient administration of the scheme has depended to a large extent on the school teachers, and their co-operation has proved invaluable.

MINOR AILMENTS AND DISEASES OF THE SKIN.

The total number of examinations at the Minor Ailment Clinics by the doctor during the year was 1,052.

The numbers of children treated for minor ailments at the three clinics are as follows:—

Clinic				No. of Children	No. of Attendances for treatment
Warley	...	...		545	1,376
Langley	...	...		233	958
Oldbury	...	...		219	958
Totals				997	3,292

Defects Treated			Oldbury	Langley	Warley	Total
Ringworm	...	...	1	4	2	7
Impetigo	...	...	14	31	32	77
Scabies	...	...	1	—	12	13
Other Skin Diseases	...		72	39	135	246
Blepharitis	...	...	1	1	1	3
Conjunctivitis	...		4	4	8	16
Other Eye Conditions	...		12	16	30	58
Otorrhœa	...	...	15	5	9	29
Other Ear Defects	...		8	6	40	54
Minor Injuries, Sores, etc.			40	62	155	257
Miscellaneous	...		51	65	121	237
Totals			219	233	545	997

TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the year 713 attendances were made by 217 patients at the Clinic for examination by the Ophthalmic Consultant. A summary of the findings will be found on page 16.

6 cases were referred to the Birmingham Eye Hospital and West Bromwich and District General Hospital,

EAR, NOSE AND THROAT DEFECTS.

During the year 106 children were admitted to hospital for the removal of Tonsils and Adenoids and 4 children received operative treatment for other Ear, Nose and Throat conditions. 12 children were also admitted to hospital for other forms of treatment.

ORTHOPÆDIC AND POSTURAL DEFECTS.

9 cases received in-patient treatment at Hospitals during the year.

Arrangements have been made for children to be treated at the Smethwick Orthopædic Clinic.

INVESTIGATION CLINIC.

This Clinic is held on Saturday mornings. Arrangements are made for special cases to attend by appointment at the Clinic, so that the Medical Officer shall have a better opportunity of investigating the case than he has at any other session during the week.

During the year 31 sessions were held. 107 children made 155 attendances.

SUN-RAY CLINIC.

Sun-Ray lamps are installed at each of the three Clinics, and 222 children made 2,476 attendances at 98 sessions.

UNCLEANLINESS.

On an average three visits were made to each school during the year.

The total number of examinations of children was 22,711, and 712 were found to have nits in the hair and 28 were found to have numerous nits or vermin.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 209 visits to children's homes during the year. These visits were for the purpose of following up defects found at medical inspections, uncleanliness and infectious disease.

JUVENILE OFFENDERS.

It was reported to the appropriate Sub-Committee during the year that 56 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders. 8 of these children have been ascertained as Educationally Sub-normal.

INFECTIOUS DISEASES.

Notifications of Infectious Disease received during the year for children between the age of 5 and 15 years, together with the Comparison Figures for last year are given below:—

				Cases		Hospital	
				1953	1952	1953	1952
Whooping Cough	...	...	...	107	76	—	—
Measles	...	...	...	379	274	1	1
Diphtheria	...	...	...	1	1	1	—
Scarlet Fever	...	...	...	65	74	—	1
Food Poisoning	...	...	...	—	4	—	1
Meningococcal Infection	...	...	...	1	—	1	—
Dysentery	...	...	...	23	—	—	—
Pneumonia	...	...	...	4	3	1	—
Acute Poliomyelitis—Paralytic	...	...	...	—	2	—	1
„ „ Non-Paralytic	...	...	...	—	1	—	1
Pulmonary Tuberculosis	...	...	...	7	4	—	—
Non-Pulmonary Tuberculosis	...	...	...	—	1	—	—

WHOOPING COUGH.

107 cases were notified during the year. The prevention or modification of the disease is now practicable and the simultaneous immunisation against whooping cough and diphtheria can be performed, though the results are not quite as certain as those in connection with diphtheria immunisation.

MEASLES.

The number of cases notified shows an increase of 105 on the previous year. The only certain way of avoiding infection is to avoid exposure to infection and that for the urban child is practically an impossibility.

DIPHTHERIA IMMUNISATION.

The number of school-children immunised during the year was 240 and 1,643 received re-inforcing injections. Of the school population in Oldbury 91.55% had been immunised at the 31st December, 1953. The value of immunisation is beyond doubt and it is to parents that we appeal for an even greater improvement in our immunisation figures.

TUBERCULOSIS.

There were 53 cases of tuberculosis among children of school age at the end of the year as compared with 52 cases at the end of 1952. Of these 53 cases 45 were pulmonary and 8 non-pulmonary. This is a high proportion of the school children and the need for preventive measures in the control of this disease cannot be sufficiently stressed. A step in this direction has been taken by the routine medical examination of all teachers before appointment and of student teachers before entry to training college. Regular X-ray examination of all teaching and other staff in close contact with the children should be aimed at and would greatly assist in the control of this disease.

EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 126.

54 children were excluded as a result of having infectious disease, 66 for verminous heads and 6 for minor ailments.

CAMP SCHOOL.

Full use continues to be made of the arrangements for senior children to attend for fortnightly periods at Edgmond Hall Camp School. The total number of children examined for admission to the school during the year was 627.

OPEN-AIR SCHOOL.

In 1953 the County Education Committee was able to place at the disposal of Oldbury school children 55 places at the Open-Air School, Malvern. A total of 53 children were sent, 33 were girls and 20 boys. 2 children (1 boy and 1 girl) attended two terms. The waiting list for places in the Open-Air School justifies additional accommodation being made available.

ROTARY BOYS' HOME, WESTON-SUPER-MARE.

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' Home at Weston-super-Mare for selected candidates to spend two weeks each by the seaside. In collaboration with the Heads of the Boys' Schools, 34 pupils went to the Home during the year.

MEDICAL EXAMINATION OF TEACHERS.

During the year 16 entrants (Form 4 R.T.C.) to Teachers' Training Colleges and 6 entrants (Form 28 R.Q.) to the Teaching Profession, were medically examined.

HANDICAPPED CHILDREN.

The following table shows the number of children, in the various categories, ascertained by the department, and for whom education in the appropriate Special School has been recommended.

Categories			In Special School	Awaiting admission to Special School	Total
1. Blind	...	..	4	—	4
2. Partially sighted	...	...	4	5	9
3. Deaf	...	...	4	1	5
4. Partially deaf	...	...	—	1	1
5. Delicate	...	...	2	1	3
6. Physically handicapped	...	...	2	8	10
7. Educationally sub-normal	...	...	16	59	75
8. Maladjusted	...	...	1	—	1
9. Epileptics	...	...	—	—	—
Total			33	75	108

EDUCATIONALLY SUB-NORMAL CHILDREN.

60 Intelligence Tests were carried out during the year and the following recommendations were made:—

Report to the Local Health Authority under Section 57(3) of the Education Act, 1944	...	...	...	5
Report to the Local Health Authority under Section 57(5) of the Education Act, 1944	...	...	...	6
Educate at Special Day/Boarding Schools for Educa- tionally Sub-normal Pupils	...	...	...	26
Educate at ordinary schools with special educational treatment	...	...	...	7
Educate at ordinary schools in special classes	...	...	...	14
Educate at ordinary schools (children educationally sub- normal)	...	...	...	Nil
Educate at ordinary schools (children not educationally sub-normal)	...	...	...	2

SUMMARY OF THE FINDINGS OF THE OPHTHALMIC SURGEON FOR THE YEAR ENDED 31st DEC., 1953.

Defects found in new cases:—

Errors of Refraction—

Simple Hypermetropia	...	...	...	17
Hypermetropic Astigmatism—				
Simple	...	...	...	9
Compound	...	...	...	24
Simple Myopia	...	...	...	29
Myopic Astigmatism—				
Simple	...	...	...	7
Compound	...	...	...	17
Mixed Astigmatism	...	...	...	20
Amblyopia	...	...	...	1
Anisometropia	...	...	...	21

Squint—

Convergent	...	...	...	19
Divergent	...	...	...	2

Inflammatory conditions, etc.—

Iritis	1
Microphthalmia	1
Injury	—

Nothing abnormal discovered	50
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OLDBURY SCHOOL DENTAL SERVICE.
REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
FOR 1953.

Progress in the School Dental Service in Oldbury made a big stride during the year with the coming of a new Divisional Dental Officer, Mr. J. S. Price, L.D.S., who took up his full-time duties in May. The gratification at obtaining the services of a full-time Officer was partly offset, however, by the resignation of Mr. H. Nordan who had been doing such valuable service in a part-time capacity. Later in the year an assistant whole-time dental officer was appointed to assist Mr. Price but the great misfortune of a serious breakdown in health prevented him from starting work on the appointed day and eventually compelled him to withdraw completely. The net result is that the work, for the last eight months of the year, has been carried out by one full-time and one part-time (3 sessions weekly) dental officer. Advertisements are still being inserted in the professional and lay press for a further officer but so far without success.

My Report last year showed that, owing to lack of dental treatment over several years, the children's mouths had got into a bad state. I therefore instructed Mr. Price to make a rapid round of as many schools in Oldbury as possible and concentrate in the first place in the removal of septic and aching teeth. After this preliminary "clearing-up operation" the field should be better conditioned to proceed with the task of conserving the permanent dentition of the children. A study of the returns for the year will show that this has been carried out. Over 9,400 children in the area have been inspected and over 2,700 actually treated. Of these, 1,022 have received treatment under a general anæsthetic, a figure which is four times as great as the previous year's. The extraction of teeth has been greatly increased, but at the same time, it is pleasing to report that time has been found to do almost 50% more fillings. This should do a great deal towards eradicating the tendency towards apathy mentioned in my last report, though, until the division is fully staffed, this fault cannot be fully attacked and eradicated, for the simple reason that adequate treatment would not be available to all those who sought it.

Once again, I and the Dental Officers would like to express our thanks to Dr. Tabbush, School Medical Officer, not only for his great co-operation, but for his admirable assistance as anæsthetist, to the Dental Attendants, Head Teachers and Staffs of Schools and all others who have helped in the School Dental Service during the year.

B. D. BRITTEN, L.D.S.,

Principal School Dental Officer.

February, 1954.

REPORT ON SPEECH THERAPY CLINIC AT OLDBURY
DECEMBER 1952—DECEMBER 1953.

Cases attending at 31.12.53	33
Discharged after satisfactory progress...	11
Left school or district	1
Ceased attending	—
Waiting list	115
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Total	160
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Total number of treatments given	691
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Types of Speech Defects treated:—

Articulation, e.g. Lisp	20
Communication, e.g. Stammering ...	22
Multiple, e.g. Cleft Palate	3
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Total	45
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It will be seen that more time could be profitably devoted to further speech therapy in this area. Many of the children attending the clinic have severe speech defects which should be treated at least twice a week. While the demand for speech therapy is so pressing throughout the country this is not possible and it would appear that for some time to come the speech therapists' time will be fully occupied in dealing with children whose names have been on the waiting list for a long time.

I would like to record my thanks to the staffs of the schools and the Health Department who have as always, been most co-operative and helpful throughout the year.

MARGARET EDWARDS, L.C.S.T.,
 Senior Speech Therapist.

TABLE I.

Medical Inspection of Pupils attending maintained
Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups:—

Entrants	...	...	...	...	1,291
Second Age Group	...	...	...	...	859
Third Age Group	...	...	...	...	538
					—
Total				...	2,688
					—

Number of other periodic inspections	...	...	819
			<hr/>
Grand Total	...	...	3,507

B. OTHER INSPECTIONS.

Number of special inspections	...	...	1,263
Number of re-inspections	...	...	3,776
			—
Total		...	5,039
			—

C. PUPILS FOUND TO REQUIRE TREATMENT.

GROUP	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	8	209	214
2nd Age Group	37	118	152
3rd Age Group	6	48	54
Total	51	375	420
Other periodic Inspections	32	55	85
Grand Total	83	430	505

TABLE II.
A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	54	16	6	5
5	Eyes—				
	a. Vision ..	83	170	18	14
	b. Squint ..	48	15	7	1
	c. Other ..	7	6	1	2
6	Ears—				
	a. Hearing ..	15	49	5	9
	b. Otitis Media	22	15	3	2
	c. Other ..	5	3	2	2
7	Nose or Throat ..	72	88	10	14
8	Speech	17	6	—	2
9	Cervical Glands ..	2	15	—	1
10	Heart and Circulation	1	13	1	2
11	Lungs	17	34	6	2
12	Developmental—				
	a. Hernia ..	4	7	—	2
	b. Other ..	2	4	—	1
13	Orthopaedic—				
	a. Posture ..	13	9	2	3
	b. Flat foot	12	13	3	1
	c. Other ..	167	55	20	7
14	Nervous System—				
	a. Epilepsy ..	3	2	—	—
	b. Other ..	2	1	2	—
15	Psychological— ..				
	a. Development	5	20	1	1
	b. Stability ..	1	5	—	1
16	Other	—	2	—	—

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	1,291	1,012	78.38	272	21.06	7	0.54
2nd Age Group	859	564	65.65	267	31.08	28	3.25
3rd Age Group	538	397	73.80	137	25.46	4	0.74
Other periodic inspections	819	574	70.09	236	28.81	9	1.10
TOTAL ..	3,507	2,547	72.63	912	26.00	48	1.37

TABLE III.
INFESTATION WITH VERMIN.

1.	Total number of examinations in the schools by the School Nurses or other authorised persons	...	22,711
2.	Number of individual pupils found infested	...	249
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	... ..	60
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	... ..	18

TABLE IV.
TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(including Special Schools)

			Number of cases treated, under treatment or dealt with during the year	
Group 1—Diseases of the Skin			By the Authority	Otherwise
Ringworm—	(i) Scalp	...	—	—
	(ii) Body	...	7	—
Scabies	...	...	13	—
Impetigo	...	...	77	—
Other skin diseases	...	...	246	—
Total			343	—
Group 2—Eye Diseases, Defective Vision and Squint				
External and other, excluding errors of refraction and squint			79	1
Errors of Refraction (including squint)			166	107
Total			245	108
No. of pupils for whom spectacles were				
(a) Prescribed			328	—
(b) Obtained			323	—
Group 3—Diseases and Defects of Ear, Nose and Throat				
Received operative treatment				
(a) for diseases of the ear			—	2
(b) for adenoids and chronic tonsilitis			—	106
(c) for other nose and throat conditions			—	2
Received other forms of treatment			83	14
Total			83	124

Group 4—Orthopædic & Postural Defects

(a)	No. treated as in-patients in hospitals	...	...	9	
				By the Authority	Otherwise
(b)	No. treated otherwise, e.g., in clinics or out-patient depts.		—		21
				Number of cases treated:	
				In the Authority's	
				Child Guidance Clinics	Elsewhere

Group 5—Child Guidance Treatment

	Number of pupils treated at Child Guidance Clinics	...	...	20	Nil
				Number of cases treated:	
				By the Authority	Otherwise

Group 6—Speech Therapy

	Number of pupils treated by Speech Therapists	45	Nil
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Group 7—Other Treatment given

(a)	Miscellaneous minor ailments	...	237	—
(b)	Other than (a) above (specify)			
	1. Injuries	...	257	35
	2. Respiratory Infections	...	—	17
	3. Appendix	...	—	30
	4. Hernias	...	—	6
	5. Orchidectomy	...	—	1
	6. Circumcision	...	—	1
	7. Undescended Testes	...	—	1
	8. Notifiable Infectious Diseases	...	—	3
	9. Other infections:—			
	Ac. Rheumatism	...	—	3
	Sub. Mental Cellulitis	...	—	1
	Abscess	...	—	3
	Septicæmia	...	—	1
	Infective Hepatitis	...	—	3
	Mesenteric Adenitis	...	—	4
	Inguinal Adenitis	...	—	2
	Paronychia	...	—	1
	Pyelitis	...	—	1
	T.B. Abscess	...	—	1
	Streptococcal Throat	...	—	1
	10. Dental	...	—	2
	11. Hydronephrosis	...	—	1
	12. Lipoma of shoulder	...	—	1
	13. Rescued from canal	...	—	1
	14. Investigation	...	—	13
	Total	...	494	133

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1)	Number of children inspected by the Dentist—				
	(a)	Periodic age-groups	...	...	9,438
	(b)	Specials	...	...	401
	(c)	Total (Routine and Specials)	...	...	9,839
(2)	Number found to require treatment				4,302
(3)	Number referred for treatment				2,745
(4)	Number actually treated				2,760
(5)	Attendances made by children for treatment				4,053
(6)	Half-days devoted to—				
		Inspection	...	...	56
		Treatment	...	...	467
				Total	523
(7)	Fillings—				
		Permanent Teeth	...	...	2,952
		Temporary Teeth	...	...	81
				Total	3,033
(8)	Number of Teeth Filled—				
		Permanent Teeth	...	...	2,386
		Temporary Teeth	...	...	81
				Total	2,467
(9)	Extractions—				
		Permanent Teeth	...	...	652
		Temporary Teeth	...	...	3,472
				Total	4,124
(10)	Administration of general anæsthetics for extractions				1,022
(11)	Other operations—				
		Permanent Teeth	...	...	350
		Temporary Teeth	...	...	44
				Total	394

